2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098910

Title: Name:

Address:

City-St-Zip:

SILVERMAN, LORRI

3234 HARRINGTON DR

BOCA RATON, FL 33496

Entity Name: MED-CARE DIABETIC & MEDICAL SUPPLIES, INC.

FILED Jun 14, 2011 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
933 CLINT	MOORE ROA TON, FL 33487)	New Finicipal Flace	or business.
Current Mailing Address:			New Mailing Address:	
	MOORE ROA TON, FL 33487			
FEI Number: 65-0953936 FEI Number Applied For		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
3234 HAR BOCA RA	AN, STEVEN RINGTON DR. TON, FL 33496		ourpose of changing its registered	d office or registered agent, or both,
	e of Florida.	abilities tille state ment for the p	ourpose of offeriging its registered	defined of registered agent, or both,
SIGNATU	RE:			
	Electroni	c Signature of Registered Ago	ent	Date
OFFICER	S AND DIRECT	ORS:		
Title: Name: Address: City-St-Zip:	PD SILVERMAN, ST 3234 HARRING BOCA RATON, F	FON DR.		
Title: Name: Address: City-St-Zin:	VPST SILVERMAN, LC 3234 HARRING BOCA RATON F	TON DR		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN SILVERMAN PD 06/14/2011