

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16669

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** MEDICAL CARE PRODUCTS, INC.

**Current Principal Place of Business:**

4836 VICTOR STREET  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 10239  
JACKSONVILLE, FL 322470239 US

**New Mailing Address:**

**FEI Number:** 59-3039956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANGENBACH, PATRICIA S  
1846 MARGARET ST, STE 5-C  
JAX, FL 32204 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: LANGENBACH, PATRICIA S.  
Address: 1846 MARGARET ST, STE 5-C  
City-St-Zip: JAX, FL 32204 US

Title: VSD  
Name: LANGENBACH, THOMAS L.  
Address: 416 BRIDGEVIEW TERRACE  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: PATRICIA S LANGENBACH

PTD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date