FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 FEB -9 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16924

MULTI CARE MEDICAL SUPPLIES INC

Principal Place of Business	Mailing Address
877 WEST 29 STREET HIALEAH FL 33012	877 WEST 29 STREET HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Incorporated or Qualified: DECEMBER 4 1990

4. FEI Number: 65-0232528 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARISELA BLANCO
13250 SW 105 AVE
MIAMI FLORIDA 33176

10. Name and Address of New Registered Agent

81 Name: MARLENYS MESA
82 Street Address (P.O. Box Number is Not Acceptable): 877 WEST 29 STREET
83
84 City: HIALEAH FL 85 Zip Code: 33012

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MARLENYS MESA — 1-27-2000
Signature, typed or printed name of registered agent and title if agent other (NOTE: Registered Agent signature required when reinstating) — DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PR/SEC MARISELA BLANCO 13250 SW 105 AVE MIAMI FLORIDA 33176	☒ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PR/SEC MARLENYS MESA 877 WEST 29 STREET HIALEAH FLORIDA 33012 ☐ Change ☒ Addition
	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition 400003136624--4 -02/15/00--01122--013 ****150.00 ****150.00
	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2F034 (11/98)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARISELA BLANCO — MARLENYS MESA — 1-27-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE OF DIRECTOR — Pre/sec — DATE