SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S50404 (0)

1. Corporation Name

MEDCORP HEALTH CARE SERVICES, INC.

Principal Place of Business	Mailing Address
~~800 W. OAKLAND PARK BLVD~~ ~~STE #211-216~~ ~~WILTON MANORS, FL 33311~~	~~800 W. OAKLAND PARK BLVD~~ ~~STE #211-216~~ ~~WILTON MANORS, FL 33311~~

2. Principal Place of Business	2a. Mailing Address
21 3411 NW 9 Ave	26 3411 NW 9 Ave.
22 Suite ~~XXXXX~~ 703-704	27 Suite ~~XXXXX~~ 703-704
23 City & State: Oakland Pk, Florida	28 City & State: Oakland Pk, Florida
24 Zip 33309 — 25 Country Broward	29 Zip 33309 — 30 Country Broward

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0260048 — [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

~~CARDOZO, BERVERLY~~
~~9541 N.W. 32ND CT EX~~
~~SUNRISE FL 33351~~
5862 Kelsey Lane
Tamarac, Fl. 33321

10. Name and Address of New Registered Agent

81 Name: BEVERLY DASHER CARDOZO
82 Street Address (P.O. Box Number is Not Acceptable): 5862 Kelsey Lane
83
84 City: Tamarac FL 85 Zip Code: 33321

11. 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 [illegible]

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CARDOZO, BERVERLY
STREET ADDRESS	~~9541 N.W. 32ND CT~~ 5862 Kelsey Lane
CITY-ST-ZIP	SUNRISE FL — Tamarac, Fl 33321
TITLE	V
NAME	CARDOZO, ANTHONY — DELETE
STREET ADDRESS	9541 N.W. 32ND CT. — DELETE DELETE
CITY-ST-ZIP	SUNRISE FL
TITLE	S
NAME	DASHER, SOPIE
STREET ADDRESS	9541 N.W. 32ND CT.
CITY-ST-ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEVERLY DASHER CARDOZO 5862 Kelsey Lane Tamarac, Florida 33321 [ ] Change [ ] Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] Change [ ] Addition DELETE
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 700001904097 -07/25/96--01040--008 ***200.00
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE: Beverly C Cardozo 4/29/96 954-537-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (3/95)