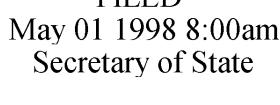
FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (0) S50404 MEDCORP HEALTH CARE SERVICES, INC. R CONTINUE CON BIRTH BOTT SERVI SONT BIRT BIRT BIRTH STATE STATE BIRTH BIRTH STATE Principal Place of Business Mailing Address SALI NW 9TH AVE. 34TH NW 9TH AVE. STE. 703-704 OAKLAND PK: FL 33309 STE: 703-704 OAKLAND RK. FL 33309 3 MOVED 2a. Mailing Address 2. Principal Place of Business UTTE 1101 Country 30 BROWARD BROWARD 9. Name and Address of Current Registered Agent Name CARDOZO, BEVERLY D **5882 KELSEY DANE** Street Address Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required wh OFFICERS AND DIRECTORS 12. 13. ☐ DEL**e**te 1.4 TITLE TITLE CARDOZO, BERVERLY 2864 NE 27 ST NAME 1.2 NAME 3862 Kelsey Dane 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 3332 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE SOPHIE WONG DASHER, SOPIE 2.2 NAME NAME 934 N.W. 32ND CT. 5862 KELSEUN 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 Table TITLE 5.2 NAME NAME



DO NOT WRITE IN TH	HIS SPACE
Date Incorporated or Qualified 05/07/1991	II O AOL
65-0260048	Applied For Not Applicable
i. Certificate of Status Desired	\$8.75 Additional Fee Required
I. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
 This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Register. 	☐ Yes ☐ No
). Name and Address of New Register	red Agent
(P.O. Box Number is Not Acceptable)	
	as 7in Code
on submits this statement for the purpose	FL 85 Zip Code
on submits this statement for the purpose board of directors. I hereby accept the a	se of changing its registered
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Addition

Change

14. 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 g hariged, of on an attachment with an address

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME 63 STREET ADDRESS

□ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME