

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

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

~~8411 NW 9TH AVE.  
STE. 703-704  
OAKLAND PK. FL 33309~~

~~3471 NW 9TH AVE.  
STE. 703-704  
OAKLAND PK. FL 33309~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 3409 NW 9th AVE  
Suite, Apt. #, etc.  
22 SUITE 1101  
City & State  
23 OAKLAND PK FL  
Zip  
24 33309 Country  
25 BROWARD  
2a. Mailing Address  
26 3409 NW 9th AVE  
Suite, Apt. #, etc.  
27 SUITE 1101  
City & State  
28 OAKLAND PK FL  
Zip  
29 33309 Country  
30 BROWARD

3. Date Incorporated or Qualified

05/07/1991

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARDOZO, BEVERLY D

~~5862 KELSEY LANE  
TAMARAC FL 33321~~

2864 NE 27 Street  
FT LAUDERDALE FL.  
33306

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CARDOSO, BEVERLY  
5862 KELSEY LANE  
TAMARAC FL 33321  
2864 NE 27 ST  
FT LAUDERDALE FL.  
33306

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DASHER, SOPIE  
9541 N.W. 32ND CT.  
SUNRISE FL  
SOPHIE WONG  
5862 KELSEY LN  
TAMARAC FL 33321

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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 changed, or on an attachment with an address.

SIGNATURE: *Beverly D. Cardoso* BEVERLY D. CARDOSO 4/27/98 (S54K) 1811

CR2E034 (10/97)