

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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95 APR 26 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V54917** (2)

1. Corporation Name  
**MASTERCARE MEDICAL SUPPLIES, INCORPORATED**

Principal Place of Business Mailing Address

175 FONTAINEBLEAU BLVD. SUITE 1-N-5 MIAMI FL 33172 US

175 FONTAINEBLEAU BLVD. SUITE 1-N-5 MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **08/04/1992** 3a. Date of Last Report **06/13/1994**

4. FEI Number **65-0369696** 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. 199.037, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**SOSA, RAFAEL I.  
175 FONTAINEBLEAU BLVD.  
SUITE 1-N-5  
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name **ROSAURA A. SOSA**

82 Street Address (P.O. Box Number is Not Acceptable) **175 FONTAINEBLEAU BLVD.**

83 **SUITE 1-N-5**

84 City **MIAMI** FL 85 Zip Code **33172**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>SOSA, ROSAURA A.</b>
STREET ADDRESS	<b>175 FONTAINEBLEAU BLVD., SUITE 1-N-5</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>SOSA, RAFAEL I.</b>
STREET ADDRESS	<b>175 FONTAINEBLEAU BLVD., SUITE 1-N-5</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
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 IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SECRETARY</b>
2.3 STREET ADDRESS	<b>SOSA, ROSAURA A.</b>
2.4 CITY - ST - ZIP	<b>175 FONTAINEBLEAU BLVD, SUITE 1-N-5</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: Rosauro A. Sosa Date: 4/19/95 305-229-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #