


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # V54917 1. Entity Name MASTERCARE MEDICAL SUPPLIES, INCORPORATED	
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Principal Place of Business 175 FONTAINEBLEAU BLVD. SUITE 1-N-5 MIAMI FL 33172 US	Mailing Address 175 FOUNTAINEBLEAU BLVD. SUITE 1-N-5 MIAMI FL 33172 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 65-0369696 Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SOSA, ROSAURA A 175 FONTAINEBLEAU BLVD{ SUITE 1-N-5 MIAMI FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, ROSAURA A. 175 FONTAINEBLEAU BLVD., SUITE 1-N-5 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000697168 04/18/07-80029-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOSA, ROSAURA A 175 FONTAINEBLEAU BLV., STE 1-N-5 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROSARAURA A. SOSA** **4/4/07** **(305) 229-1770**

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