

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54917

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** MASTERCARE MEDICAL SUPPLIES, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

9023 SW 6 STREET  
MIAMI, FL 33174 US

**Current Mailing Address:**

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

**New Mailing Address:**

9023 SW 6 STREET  
MIAMI, FL 33174 US

**FEI Number:** 65-0369696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOSA, ROSAURA A  
175 FONTAINEBLEAU BLVD.  
SUITE 1-N-5  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

SOSA, ROSAURA A  
9023 SW 6 STREET  
MIAMI, FL 33174 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/26/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOSA, ROSAURA A.  
Address: 9023 SW 6 STREET  
City-St-Zip: MIAMI, FL 33174

Title: S  
Name: SOSA, ROSAURA A  
Address: 9023 SW 6 STREET  
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSAURA A. SOSA

PRES

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date