

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # V61875

1. Entity Name

MEDFARE, INC.



Principal Place of Business

6560 WEST ROGERS CIRCLE
SUITE 13
BOCA RATON FL 33487

Mailing Address

6560 WEST ROGERS CIRCLE
SUITE 13
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 11-2341746

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUBERT, HOWARD W.
6560 WEST ROGERS CIRCLE
SUITE 13
BOCA RATON FL 33487

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUBERT, HOWARD W.	
STREET ADDRESS	2543 N.W. 64TH BLVD.	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUBERT, FLORENCE	
STREET ADDRESS	2543 N.W. 64TH BLVD.	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUBERT, MITCHELL	
STREET ADDRESS	10407 WINDINGRIDGE CIR.	
CITY- ST- ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEDMAN, RONI	
STREET ADDRESS	4451 N.W. 25TH WAY	
CITY- ST- ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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02/01/05-80014-001 150.00

12. 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 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Howard Schubert* HOWARD SCHUBERT, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/05 561-998-8444