

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008274

Entity Name: OPERATION MEDICAL CARE, INC.

Current Principal Place of Business:

348 MEDCREST DR.
CRESTVIEW, FL 32536

Current Mailing Address:

348 MEDCREST DR.
CRESTVIEW, FL 32536 US

FEI Number: 30-0745862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, SHARLENE
348 MEDCREST DR
CRESTVIEW, FL 32536 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

Date

Officer/Director Detail :

Title D
Name PETER, JOSEPH DR.
Address 348 MEDCREST DR
City-State-Zip: CRESTVIEW FL 32536

Title D
Name COX, SHARLENE
Address 348 MEDCREST DR
City-State-Zip: CRESTVIEW FL 32536

Title D
Name CALABRO, EUGENE
Address 348 MEDCREST DR
City-State-Zip: CRESTVIEW FL 32536

Title D
Name PETER, BERNADINE
Address 348 MEDCREST DR
City-State-Zip: CRESTVIEW FL 32536

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE A CALABRO

DIRECTOR

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date