

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89149

Entity Name: MED-CARE INFUSION SERVICES, INC.

Current Principal Place of Business:

8101 W. 31ST AVENUE
HIALEAH, FL 33018

Current Mailing Address:

760 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

FEI Number: 65-0208178

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRACERAS, WILFRED
760 PONCE DE LEON BLVD
MIAMI, FL 33134 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 PDST
Name BRACERAS, WILFRED
Address 760 PONCE DE LEON BLVD
City-State-Zip: MIAMI FL 33134

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: WILFRED BRACERAS

PRESIDENT

02/20/2018

Electronic Signature of Signing Officer/Director Detail

Date