

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108164

**Entity Name:** MEDICAL CARE SUPPLIES INC

**Current Principal Place of Business:**

8464 SHERATON DR  
MIRAMAR, FL 33025

**Current Mailing Address:**

8464 SHERATON DR  
MIRAMAR, FL 33025 US

**FEI Number:** 45-4139530

**Certificate of Status Desired:** No

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

HALLON, PERFECTO F  
8464 SHERATON DR  
MIRAMAR, FL 33025 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            P  
Name            HALLON, PERFECTO F  
Address        8464 SHERATON DR  
City-State-Zip: MIRAMAR FL 33025

*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:** PERFECTO HALLON

**PRES**

**06/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date