

2019 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

04/30/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date