

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S16669

**Entity Name:** MEDICAL CARE PRODUCTS, INC.

**Current Principal Place of Business:**

4836 VICTOR STREET  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P. O. BOX 10239  
JACKSONVILLE, FL 32247-0239 US

**FEI Number:** 59-3039956

**Certificate of Status Desired:** Yes

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

LANGENBACH, PATRICIA S  
1846 MARGARET ST, STE 5-C  
JAX, FL 32204 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            PTD  
Name            LANGENBACH, PATRICIA S.  
Address        1846 MARGARET ST, STE 5-C  
City-State-Zip: JAX FL 32204

Title            VSD  
Name            LANGENBACH, THOMAS L.  
Address        416 BRIDGEVIEW TERRACE  
City-State-Zip: JACKSONVILLE FL 32259

*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:** PATRICIA SUE LANGENBACH

**PRES**

**04/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date