

No. C 198459		Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MED-CARE DIABETIC & MEDICAL SUPPLIES, INC. 901 YAMATO RD STE 101 BOCA RATON FL 33431		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	STEVEN SILVERMAN	901 YAMATO RD STE 101	BOCA RATON	FL	USA	33431
DIRECTOR	STEVEN SILVERMAN	901 YAMATO RD STE 101	BOCA RATON	FL	USA	33431
SECRETARY	LORRI SILVERMAN	901 YAMATO RD STE 101	BOCA RATON	FL	USA	33431
DIRECTOR	LORRI SILVERMAN	901 YAMATO RD STE 101	BOCA RATON	FL	USA	33431
TREASURER	LISA PORUSH	901 YAMATO RD STE 101	BOCA RATON	FL	USA	33431
DIRECTOR	LISA PORUSH	901 YAMATO RD STE 101	BOCA RATON	FL	USA	33431
5. Organized Under the Laws of: FL C 198459		6. Annual Report must be signed.* Signature: Michelle Donato Name (type or print): Michelle Donato		Date: 05/22/2015 Title: POA		
Processed 05/22/2015		* Electronically provided signatures are accepted as original signatures.				