No. C 198459		Due no later than May 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MED-CARE DIABETIC & MEDICAL SUPPLIES, INC. 6500 E ROGERS CIRCLE STE A BOCA RATON FL 33431		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		Addresses of I	Dusidant County, and Disasters Transcript	" (antional)			
Office Held Name		ess Addresses of F	President, Secretary, and Directors. Treasure Street or PO Address	City	State	Country	Postal Code
PRESIDENT STEVEN SILVERMAN SECRETARY LORRI B SILVERMAN		6500 E. ROGERS CIRCLE SUITE A 6500 E. ROGERS CIRCLE SUITE A	BOCA RATON BOCA RATON	FL FL	USA USA	33487 33487	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
FL C 198459		Signature: STEVEN SLIVERMAN Name (type or print): STEVEN SLIVERMAN		Date: 05/10/2017 Title: PRESIDENT			
Processed 05/10/2017 * Electronically provided signatures are accepted as original signatures.							