

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000062814 (6)**

1. Corporation Name

**DCA MEDICAL SERVICES, INC.**



Principal Place of Business

**2337 WEST 76TH STREET  
HIALEAH FL 33016**

Mailing Address

**2337 WEST 76TH STREET  
HIALEAH FL 33016**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**08/22/1994**

3a. Date of Last Report

**02/27/1995**

4. FEI Number

**59-3269790**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

*Included Parent  
Consolidated Return*

9. Name and Address of Current Registered Agent

**OUZTS, DANIEL R  
% MEDICORE, INC.  
2337 WEST 76TH STREET  
HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1606, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>LANGBEIN, THOMAS K</b>	
12.3 STREET ADDRESS	<b>777 TERRACE AVE.</b>	
12.4 CITY-STATE-ZIP	<b>HASBROUCK HEIGHTS NJ 07604</b>	
12.5 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.6 NAME	<b>PELSTRING, BART</b>	
12.7 STREET ADDRESS	<b>402 MARVEL COURT</b>	
12.8 CITY-STATE-ZIP	<b>EASTON MD 21601</b>	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		

13.1 TITLE	<b>CEO D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
13.2 NAME	<b>Langbein Thomas K.</b>		
13.3 STREET ADDRESS	<b>777 Terrace Ave.</b>		
13.4 CITY-STATE-ZIP	<b>Hasbrouck Heights, NJ 07604</b>		
13.5 TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
13.6 NAME	<b>Pelstring, Bart</b>		
13.7 STREET ADDRESS	<b>402 Marvel Court</b>		
13.8 CITY-STATE-ZIP	<b>Easton, MD 21601</b>		
13.9 TITLE	<b>S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
13.10 NAME	<b>Jaffe, Lawrence E.</b>		
13.11 STREET ADDRESS	<b>777 Terrace Ave. Room 517</b>		
13.12 CITY-STATE-ZIP	<b>Hasbrouck Heights, NJ</b>		
13.13 TITLE	<b>T</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
13.14 NAME	<b>Ouzts, Daniel R.</b>		
13.15 STREET ADDRESS	<b>2337 West 76th St.</b>		
13.16 CITY-STATE-ZIP	<b>Hialeah, FL 33016</b>		
13.17 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13.18 NAME			
13.19 STREET ADDRESS			
13.20 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel R. Ouzts* **Daniel R. Ouzts** 1/17/96 (305) 558-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)