

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90099 030 ***158.75

FILED

DOCUMENT # P94000062814



1. Entity Name
DCA MEDICAL SERVICES, INC.

Principal Place of Business
**27 MILLER ST
LEMOYAE PA 17043
US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3269790**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CEO**
NAME **LANGBEIN, THOMAS K**
STREET ADDRESS **777 TERRACE AVE.**
CITY-ST-ZIP **HASBROUCK HEIGHTS NJ 07604**

TITLE Change Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
NAME **PELSTRING, BART**
STREET ADDRESS **402 MARVEL COURT**
CITY-ST-ZIP **EASTON MD 21601**

TITLE Change Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S**
NAME **JAFFE, LAWRENCE E.**
STREET ADDRESS **777 TERRACE AVENUE**
CITY-ST-ZIP **HASBROUCK HEIGHTS NJ 07604**

TITLE Change Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T**
NAME **OUZTS, DANIEL R.**
STREET ADDRESS **2337 WEST 76TH STREET**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **P**
NAME **EVERETT, STEPHEN**
STREET ADDRESS **1344 ASHTON ROAD STE 201**
CITY-ST-ZIP **HANOVER MD 21076**

TITLE Change Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel R. Ouzts, Treasurer, 3/23/2003 (305) 558-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)