

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213551314

1.) CORPORATION NAME:

MED-CARE DIABETIC & MEDICAL SUPPLIES, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1884693**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	100
COMNV	900

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 933 CLINT MOORE RD

CITY/ST/ZIP: BOCA RATON, FL 33487

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN R SILVERMAN		
TITLE:	PRESIDENT		
ADDRESS:	933 CLINT MOORE RD		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LORRI B SILVERMAN		
TITLE:	VICE PRESIDENT		
ADDRESS:	933 CLINT MOORE RD		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LISA M PORUSH		
TITLE:	DIRECTOR		
ADDRESS:	933 CLINT MOORE RD		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ STEVEN R SILVERMAN</u>	<u>STEVEN R SILVERMAN,</u>	<u>12/4/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.