

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005602

Entity Name: CAREMEDIC SYSTEMS, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

800 CARILLON PARKWAY
SUITE 250
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

800 CARILLON PARKWAY
SUITE 250
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 42-1464363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SCHWEITER, SHEILA
Address: 800 CARILLON PKWY, SUITE 250
City-St-Zip: ST.PETERSBURG, FL 33716

Title: COO () Delete
Name: WOHLFORD, TOM
Address: 800 CARILLON PKWY, SUITE 250
City-St-Zip: ST.PETERSBURG, FL 33716

Title: CTO () Delete
Name: VON PORTFLIET, ERIC
Address: 800 CARILLON PARKWAY, SUITE 250
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: CFO (X) Delete
Name: PLUNK, L.ALLEN
Address: 800 CARILLON PARKWAY, SUITE 250
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: PLUNK, L. ALLEN
Address: 800 CARILLON PKWY, SUITE 250
City-St-Zip: ST.PETERSBURG, FL 33716

Title: CTO (X) Change () Addition
Name: NELLI, RICHARD
Address: 800 CARILLON PARKWAY, SUITE 250
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. ALLEN PLUNK

CFO

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date