2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# L03000011649

Entity Name: AMERICARE PHYSICIANS GROUP, LLC

Current Principal Place of Business:

1745 S. HIGHLAND AVE.
CLEARWATER, FL 33756

New Principal Place of Business:

1745 S. HIGHLAND AVE
CLEARWATER, FL 33756

Current Mailing Address:

1745 S. HIGHLAND AVE.
CLEARWATER, FL 33756

New Mailing Address:

P. O. BOX 1698
PINELLAS PARK, FL 33780 US

FEI Number: 84-1622899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YADLEY, GREGORY C
SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BLVD., STE. 2800
TAMPA, FL 33602 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

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: KAPADIA, MUNAF S
Address: 1745 S. HIGHLAND AVE
City-St-Zip: CLEARWATER, FL 33756 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MUNAF S. KAPADIA MGR 04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date