2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2007 08:00 A Secretary of State

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1. Entity Name

AMERICARE PHYSICIANS GROUP, LLC



Principal Place of Business

Mailing Address

1745 S. HIGHLAND AVE CLEARWATER, FL 33756 P. O. BOX 1698 PINELLAS PARK, FL 33780

US



DO NOT WRITE IN THIS SPACE

04142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1622899

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of char ions of registered agent. | nging its registered | office or registered agent, or both, in the S | State of Florida. I am familiar with, and accept |
|----------------|--|----------------------|---|--|
| SIGNATURE_ | | | | <u> </u> |
| | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered A | gent signature required when reinstating) | DATE |
| FI D | lling Fee is \$50.00 ue by May 1, 2007 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE | MGR | | | |
| NAME | KAPADIA, MUNAF S | | | |
| STREET ADDRESS | P O BOX 1698 | | | |
| CITY+ST+ZIP | PINELLAS PARK, FL 33780 | | | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

NAME STREET AODRESS CITY-\$T-ZIP

> NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING 4