2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# L07000029807

Entity Name: CARE MULTISPECIALTY GROUP, LLC

Current Principal Place of Business:

18302 HIGHWOODS PRESERVE PARKWAY, STE. 101
TAMPA, FL 33647

New Principal Place of Business:

19007 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647

Current Mailing Address:

18302 HIGHWOODS PRESERVE PARKWAY, STE. 101
TAMPA, FL 33647

New Mailing Address:

19007 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647

FEI Number: 20-8775654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMPATH, GAUTHAM
18302 HIGHWOODS PRESERVE PARKWAY, STE. 101
TAMPA, FL 33647 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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: GULLAPALLI, SATYA M
Address: 19007 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33647

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 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: DR. SATYA M. GULLAPALLI MGRM 01/03/2008

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