## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000097892

Entity Name: CAREMED HEALTH CORPORATION

22791 SNAPTAIL CT

ESTERO, FL 33928

Address:

City-St-Zip:

FILED Jan 04, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3501 HEALTH CENTER BOULEVARD **SUITE 1200** BONITA SPRINGS, FL 34135 **New Mailing Address: Current Mailing Address:** 3501 HEALTH CENTER BOULEVARD **SUITE 1200** BONITA SPRINGS, FL 34135 FEI Number: 59-3677342 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEIM, ROSCOE D 3480 MORNING LAKE DRIVE #202 BONITA SPRINGS, FL 34134 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: () Change () Addition HEIM, ROSCOE D Name: Name: 3480 MORNING LAKE DRIVE #202 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: VTD Title: () Change () Addition () Delete Name: WARD, JOHN C 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: ROSCOE D HEIM PSD 01/04/2008