2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P00000097892

Entity Name: CAREMED HEALTH CORPORATION

Current Principal Place of Business:

3501 HEALTH CENTER BLVD
#1200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

3480 MORNING LAKE DRIVE # 202
#1200
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

3480 MORNING LAKE DR
#202
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-3677342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEIM, ROSCOE D
3480 MORNING LAKE DRIVE
#202
BONITA SPRINGS, FL 34134 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

OFFICERS AND DIRECTORS:

Title: PSD
Name: HEIM, ROSCOE D
Address: 3480 MORNING LAKE DRIVE #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VTD
Name: HEIM, LYDIA
Address: 3480 MORNING LAKE DR #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TREA
Name: HEIM, LYDIA
Address: 3480ORNING LAKE DR #202
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: SEC
Name: HEIM, ROSCOE
Address: 3480 MORNING LAKE DR #202
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby 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 all other like empowered.

SIGNATURE: ROSCOE D HEIM PRES 01/05/2012

Electronic Signature of Signing Officer or Director Date