2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 09, 2005
Secretary of State

DOCUMENT# P01000000783

Entity Name: INCARE PHYSICIANS INCORPORATED

Current Principal Place of Business:

11240 SW 30 STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

11240 SW 30 STREET
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-1065452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARROTE, ODALYS
11240 SW 30 STREET
MIAMI, FL 33165 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: ODLAYS GARROTE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: ODALYS, GARROTE
Address: 11240 SW 30 STREET
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: ODLAYS GARROTE DPT 11/09/2005

Electronic Signature of Signing Officer or Director Date