2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000783

Entity Name: INCARE PHYSICIANS INCORPORATED

FILED May 01, 2007 Secretary of State

Current P	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
11240 SW MIAMI, FL	/ 30 STREET 33165		·		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
11240 SW MIAMI, FL	/ 30 STREET 33165				
FEI Number	: 65-1065452	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	E, ODALYS / 30 STREET . 33165 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT (ODALYS, GAR 11240 SW 30 : MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ODALYS GARROTE P 05/01/2007