

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000783

FILED
Feb 27, 2009
Secretary of State

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:

Electronic Signature of Registered Agent

Date

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: DPT (X) Change () Addition
Name: ODALYS, GARROTE
Address: 11240 SW 30 STREET
City-St-Zip: MIAMI, FL 33165

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

PRES

02/27/2009

Electronic Signature of Signing Officer or Director

Date