

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003180

Entity Name: CAREMED ORLANDO, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

7565 SANDLAKE ROAD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7565 SANDLAKE ROAD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-0565878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAWAZ, MAZHAR G
3921 HUNTERS ISLE DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

NAWAZ, HAROON R
3921 HUNTERS ISLE DRIVE
ORLANDO, FL 32837 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: HAROON NAWAZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAWAZ, MAZHAR G
Address: 3921 HUNTERS ISLE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: NAWAZ, SEEMI A
Address: 3921 HUNTERS ISLE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: S (X) Delete
Name: NAWAZ, HAROON
Address: 3921 HUNTERS ISLE DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NAWAZ, HAROON R
Address: 3921 HUNTERS ISLE DRIVE
City-St-Zip: ORLANDO, FL 32837

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

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: HAROON NAWAZ

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date