
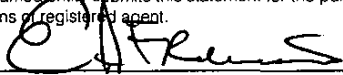
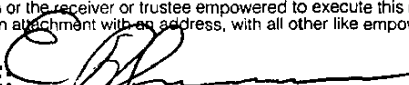


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 020 ***150.00

DOCUMENT # P04000055042 1. Entity Name CARITAS MEDICAL ASSOCIATES INC					
Principal Place of Business 1430 VALENTINE STREET MELBOURNE, FL 32901 US			Mailing Address 1430 VALENTINE STREET MELBOURNE, FL 32901 US		
2. Principal Place of Business - No P.O. Box # 1215 DROMIN LANE		3. Mailing Address 1215 DROMIN LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008 Chg-P CR2E034 (12/06)	
City & State MELBOURNE FL		City & State MELBOURNE FL		4. FEI Number 20-0935959	
Zip 32940		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AFRICANO, ENRIQUE A 1430 VALENTINE STREET MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1215 DROMIN LANE City MELBOURNE FL Zip Code 32940	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Title President		Date 4/15/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AFRICANO, ENRIQUE A 1430 VALENTINE STREET MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1215 DROMIN LANE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date 4/15/08		Daytime Phone #	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	