


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90050 046 ***158.75

DOCUMENT # P07000093574		
1. Entity Name KARE PHYSICIANS ASSOCIATES PA		

Principal Place of Business 15750 NEW HAMPSHIRE CT. 2 FT. MYERS, FL 33908	Mailing Address 15750 NEW HAMPSHIRE CT. 2 FT. MYERS, FL 33908
---	---

2. Principal Place of Business - No P.O. Box # 15750 NEW HAMPSHIRE CT	3. Mailing Address 15750 NEW HAMPSHIRE CT
Suite/Apt. #, etc. B	Suite/Apt. #, etc. B

City & State FT. MYERS	City & State FT. MYERS
Zip FL 33908	Zip FL 33908

400011-

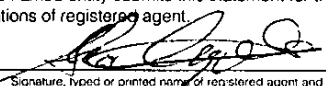


01032008 Chg-P CR2E034 (12/06)

4. FE Number 26-0760931	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960	7. Name and Address of New Registered Agent Name SHAILAJA HEGDE Street Address (P.O. Box Number is Not Acceptable) 15750 NEW HAMPSHIRE CT. SUITE B City FT. MYERS FL Zip Code 33908
--	---

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  SHAILAJA HEGDE, MD	DATE 1/8/07

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	PTD HEGDE, SHAILAJA 15750 NEW HAMPSHIRE CT. 2 FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 15750 NEW HAMPSHIRE CT, SUITE B
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHETTY, SUMEET 15439 LAGUNA HILLS DR. FT. MYERS, FL 33908 <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
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
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 another like empowered.

SIGNATURE:  SHAILAJA HEGDE	DATE 1/8/07	DAYTIME PHONE # 239-989-2243
--	--------------------	-------------------------------------