2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# P07000093574

Entity Name: KARE PHYSICIANS ASSOCIATES PA

Current Principal Place of Business:

15750 NEW HAMPSHIRE CT. 2
B
FT. MYERS, FL 33908

New Principal Place of Business:

15750 NEW HAMPSHIRE CT.
SUITE B
FT. MYERS, FL 33908

Current Mailing Address:

15750 NEW HAMPSHIRE CT. 2
B
FT. MYERS, FL 33908

New Mailing Address:

15750 NEW HAMPSHIRE CT.
SUITE B
FT. MYERS, FL 33908

FEI Number: 26-0760931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEDGE, SHAILAJA
15750 NEW HAMPSHIRE CT
SUITE B
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

HEDGE, SHAILAJA
15750 NEW HAMPSHIRE CT
SUITE B
FORT MYERS, FL 33908 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: SHAILAJA HEGDE 01/10/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: HEGDE, SHAILAJA
Address: 15750 NEW HAMPSHIRE CT, SUITE B
City-St-Zip: FT. MYERS, FL 33908

Title: VP ( ) Delete
Name: SHETTY, SUMEET
Address: 15439 LAGUNA HILLS DR.
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: HEGDE, SHAILAJA
Address: 15750 NEW HAMPSHIRE CT, SUITE B
City-St-Zip: FT. MYERS, FL 33908

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

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: SHAILAJA HEGDE MD 01/10/2009
Electronic Signature of Signing Officer or Director Date