2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2011
Secretary of State

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Entity Name: KARE PHYSICIANS ASSOCIATES PA

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
FORT MYERS, FL 33908 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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHAILAJA HEGDE MD 01/09/2011

Electronic Signature of Signing Officer or Director — Date