2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001578

City-St-Zip: TAVARES, FL 32778

Entity Name: CAREFIRST OF TAVARES, INC.

FILED Jul 27, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
1936 SALK AVE TAVARES, FL 32778	US			
Current Mailing Address:		New Mailing Address:		
PO BOX 1025 TAVARES, FL 32778	US			
FEI Number: 59-3218293	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address o	f Current Registered Agent:	Name and Address of	New Registered Agent:	
WEAVER, WILLIAM H 1936 SALK AVE TAVARES, FL 32778	US			
The above named enti in the State of Florida.	ty submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
	.193(2)(b), F.S., the corporation did no cing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRI	ECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: WEAVER, V		Title: Name:	() Change () Addition	

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: WILLIAM H WEAVER PD 07/27/2007