

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086538

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MED-CARE, M.D., P.A.

**Current Principal Place of Business:**

3661 CROWN POINT CRT  
SUITE A  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

13105 CRICKET COVE ROAD NORTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 59-3536286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTOLAW, INC.  
50 NORTH LAURA STREET, STE. 2500  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

CORPDIRECT AGENTS  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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: KEVIN ROBERTS

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NALLAPILLAI, ANANTHY  
Address: 13105 CRICKET COVE ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANANTHY NALLAPILLAI

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date