

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000086538

**FILED**  
**May 01, 2011**  
**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:**

NALLAPILLAI, ANANTHY D  
13105 CRICKET COVE ROAD N  
JACKSONVILLE, FL 32224 US

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

NALLAPILLAI, MANI  
13105 CRICKET COVE ROAD N  
JACKSONVILLE, FL 32224 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: MANI NALLAPILLAI

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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: ANANTHY NALLAPILLAI

D

05/01/2011

Electronic Signature of Signing Officer or Director

Date