2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2012
Secretary of State

DOCUMENT# P98000086538

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, MANI
13105 CRICKET COVE ROAD N
JACKSONVILLE, FL 32224 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: 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 06/12/2012

Electronic Signature of Signing Officer or Director Date