2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90025 029 ***150.00

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DOCUMENT # P99000057316

1. Entity Name
CAREN CENTER II, INC.

Principal Place of Business	Mailing Address
6122 S TAMIAMI TRAIL SARASOTA, FL 34231 US	6122 S TAMIAMI TRAIL SARASOTA, FL 34231 US

03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3400 BEE RIDGE ROAD		3400 BEE RIDGE ROAD	
Suite, Apt. #, etc.: SUITE 120		Suite, Apt. #, etc.: SUITE 120	
City & State: SARASOTA, FL		City & State: SARASOTA, FL	
Zip: 34239-7223	Country: USA	Zip: 34239-7223	Country: USA

4. FEI Number 65-0929572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIXON, CAROLYN M MD 6122 S TAMIAMI TRAIL SARASOTA, FL 34231	Name CAROLYN M. DIXON Street Address (P.O. Box Number is Not Acceptable) 3400 BEE RIDGE ROAD, SUITE 120 City SARASOTA FL Zip Code 34239-7223

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] CAROLYN M. DIXON X 3/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, CAROLYN M M.D. 6122 SOUTH TAMIAMI TR. SARASOTA, FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P DIXON, CAROLYN M M.D. 3400 BEE RIDGE ROAD, SUITE 120 SARASOTA, FL 34239--7223	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] CAROLYN M DIXON, PRESIDENT X 3/18/04 941-924-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #