2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90010 043 ***150.00

DOCUMENT # P99000057316

1. Entity Name
CAREN CENTER II, INC.

Principal Place of Business
~~3400 BEE RIDGE ROAD~~ 6981 Curtiss Ave
~~SUITE 120~~ ← Suite #4 →
SARASOTA FL ~~34239~~ US Sarasota, FL 34231

Mailing Address
~~3400 BEE RIDGE ROAD~~
~~SUITE 120~~
SARASOTA, FL 34239 US

CMD

02202008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box # : 6981 CURTISS AVE	3. Mailing Address: PO BOX 17105
Suite, Apt #, etc.: STE 4	Suite, Apt #, etc.:
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34231-8111 Country:	Zip: 34276 Country:

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

DIXON, CAROLYN M MD
~~3400 BEE RIDGE ROAD, SUITE 120~~ 6981 Curtiss Ave
~~SARASOTA, FL 34239~~ Suite #4
CMD Sarasota, FL. 34231

7. Name and Address of New Registered Agent

Name: DIXON, CAROLYN M MD
Street Address (P.O. Box Number is Not Acceptable): PO BOX 17105
City: SARASOTA FL Zip Code: 34276

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 Carolyn M. Dixon MD X 2/24/08
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, 2008 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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIXON, CAROLYN M M.D. 3400 BEE RIDGE ROAD, SUITE 120 SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIXON, CAROLYN M MD PO BOX 17105 SARASOTA, FL 34276	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Carolyn M. Dixon, MD X 2/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #