

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005476

**Entity Name:** KAREO, INC.**Current Principal Place of Business:**3353 MICHELSON DRIVE, SUITE 400  
IRVINE, CA 92612**Current Mailing Address:**3353 MICHELSON DRIVE, SUITE 400  
IRVINE, CA 92612**FEI Number:** 20-0739220**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORPORATING SERVICES, LTD., INC.  
1540 GLENWAY DRIVE  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name RODRIGUES, DAN  
Address 3353 MICHELSON DRIVE  
SUITE 400  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name CONROY, BILL  
Address 3353 MICHELSON DRIVE  
SUITE 400  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name LIM, JIM  
Address 3353 MICHELSON DRIVE  
STE. 400  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name CAINE, BRETT  
Address 3353 MICHELSON DRIVE  
SUITE 400  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name MARCUS, ADAM  
Address 3353 MICHELSON DRIVE  
SUITE 400  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name FOX, KEN  
Address 3353 MICHELSON DRIVE  
STE. 400  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name RODRIGUES, DAN  
Address 3353 MICHELSON DRIVE  
STE. 400  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name MATLEY, MICHAEL  
Address 3353 MICHELSON DRIVE  
SUITE 400  
City-State-Zip: IRVINE CA 92612

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*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:** GREGG WALDON**CFO****03/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                WALLACK, PERRY  
Address            3353 MICHELSON DRIVE  
                       SUITE 400  
City-State-Zip:   IRVINE CA 92612

Title                 CFO  
Name                WALDON, GREGG  
Address            3353 MICHELSON DRIVE  
                       SUITE 400  
City-State-Zip:   IRVINE CA 92612