

2019 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:** Yes**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 LIM, JIM
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

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

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

Title DIRECTOR
Name KALANICK, TRAVIS
Address 33053 MICHEKLSON DRIVE
SUITE 400
City-State-Zip: IRVINE CA 92612

Continues on page 2

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: DAN RODRIGUES**CEO****06/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COZZENS, DAVE
Address	33053 MICHELSON DRIVE SUITE 400
City-State-Zip:	IRVINE CA 92612