

**2021 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:** JENNY MABUS

04/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name RODRIGUES, DAN  
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 LIM, JIM  
Address 3353 MICHELSON DRIVE, SUITE 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 CFO  
Name JUSTUS, DAVE  
Address 3353 MICHELSON DRIVE, SUITE 400  
City-State-Zip: IRVINE CA 92612

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

Title TREASURER  
Name ROTH, DAVE  
Address 3353 MICHELSON DRIVE, SUITE 400  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name REID, ROB  
Address 3353 MICHELSON 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:** DAVE ROTH

TREASURER

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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