

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128129

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** COMPCARE HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 27-4273517      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH HULSEY & BUSEY PROFESSIONAL ASSOCIA  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GASTON, CHRISTOPHER E  
**Address:** 225 WATER STREET  
**City-St-Zip:** JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER E. GASTON      MGR      04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date