

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000970

Entity Name: ICORE HEALTHCARE, LLC

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

5850 T.G. LEE BOULEVARD, SUITE 510
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

9881 BROKEN LAND PARKWAY
SUITE 202
COLUMBIA, MD 21046

New Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

FEI Number: 02-0676924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131 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 () Delete
Name: MANTENA, RAJU
Address: 5850 T.G. LEE BOULEVARD, SUITE 510
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GREEN SPRING HEALTH, SERVICES, INC.
Address: 6950 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK S. DEMILIO

MGRM

05/03/2007

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