2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 01, 2008 8:00 am Secretary of State DOCUMENT # M06000004132 05-01-2008 90041 028 ***138 75 CARÉCORE NATIONAL, LLC ,,,, Principal Place of Business Mailing Address 169 MYERS CORNERS ROAD 169 MYERS CORNERS ROAD WAPPINGERS FALLS, NY 12590 WAPPINGERS FALLS, NY 12590 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 400 Buckwalter Place Blvd. 400 Buckwaiter Place Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 CR2E083 (12/06) City & State Bluffloor Applied For City & State 4. FEI Number 14-1831391 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 99910 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE MGR Change ☐ Addition TITLE ☐ Delete Rvan, Donald R. RYAN, DONALD R NAME NAME 400 Buckwalter Place Blud. 169 MYERS CORNERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAPPINGERS FALLS, NY 12590 CITY-ST-7tP Bluffton, SC 29910 MGR Change ☐ Addition TITLE ☐ Delete TITLE Conter, Joel M.D. 169 Myers Corners Road CANTER, JOEL M.D. NAME NAME 400 WESTAGE STREET STREET ADDRESS STREET ADORESS CITY-ST-712 FISHKILL, NY 12524 CITY-ST-ZIP Wappimers Falls, NY 12590 MGR MGR ☐ Change Addition ☐ Delete TITLE TITLE Glaudemans, Jon M. 1350 Connecticut Ave. NW, Swite 900 NAME LITT, ANDREW NAME 560 1ST AVENUE ROOM 232 STREET ADDRESS STREET ADDRESS Washington, DC 20036 NEW YORK, NY 10016 CITY-ST-ZIP CITY-ST-ZIP Change Addition MGR ☐ Delete TITLE TITLE Schneider, Morton M.D. CHANG, JAMES M.D. NAME 165 East 72nd St. 70 BOWERY, STE 504 STREET ADORESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10002 CITY-ST-ZIP New York, MY 100a1 Delete **✓** Addition MGR ☐ Change TITLE NAME WORTMAN, WILLIAM M.D. Travis, Norton 350 East 57th St. NAME STREET ADDRESS 990 STEWART AVENUE, 4TH FL STREET ADDRESS GARDEN CITY, NY 11530 CITY-ST-ZIP New York, NY 10023 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition LIEBERMAN, STEVE NAME NAME 1655 N FORT MYER DRIVE STE 1250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22209 CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true a limited liability company or the ate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the or truster empermented to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone #