


FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90425 044 *****55.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M99000001485 1. Entity Name LOGISTICARE SOLUTIONS, LLC	
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Principal Place of Business
1640 PHOENIX BLVD., SUITE 200
COLLEGE PARK, GA 30349

Mailing Address
1640 PHOENIX BLVD., SUITE 200
COLLEGE PARK, GA 30349

94034357



DO NOT WRITE IN THIS SPACE

01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2491253	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

DATE

Filing Fee Is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, STEVEN 1640 PHOENIX BLVD., SUITE 200 COLLEGE PARK, GA 30349
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



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

Date

Daytime Phone #

10 FEB 2004

790 597-7551