

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001485

**FILED**  
**Apr 12, 2005**  
**Secretary of State**

**Entity Name:** LOGISTICARE SOLUTIONS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 58-2491253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: RUSSELL, STEVEN  
Address: 1640 PHOENIX BLVD., SUITE 200  
City-St-Zip: COLLEGE PARK, GA 30349

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHERMYEN, JOHN L  
Address: 1640 PHOENIX BLVD., SUITE 200  
City-St-Zip: COLLEGE PARK, GA 30349

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN SHERMYEN

MGR

04/12/2005

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