

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001485

FILED
Feb 01, 2008
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:

1800 PHOENIX BLVD., SUITE 120
COLLEGE PARK, GA 30349

Current Mailing Address:

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

New Mailing Address:

1800 PHOENIX BLVD., SUITE 120
COLLEGE PARK, GA 30349

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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOGISTICARE, INC.,
Address: 1800 PHOENIX BLVD., SUITE 120
City-St-Zip: COLLEGE PARK, GA 30349

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: LOGISTICARE INC.

MNGR

02/01/2008

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