

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099972

Entity Name: COMMUNITY ACCESS REFERRAL SYSTEM, LLC.

Current Principal Place of Business:

120 SOUTH MONROE ST
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 924263
HOMESTEAD, FL 33092-4263 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGNES, PHILIP M
3336 HIGEL AVE
SARASOTA, FL 34242 US

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

Authorized Person(s) Detail :

Title MGR
Name HMD HEALTHCARE CORPORATION
Address P.O. BOX 924263
City-State-Zip: HOMESTEAD FL 33092-4263

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT HOPES

PRESIDENT

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date