

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000001485

**Entity Name:** LOGISTICARE SOLUTIONS, LLC

**Current Principal Place of Business:**

1275 PEACHTREE STREET, 6TH FLOOR  
ATLANTA, GA 30309

**Current Mailing Address:**

400 EAST MAIN STREET, SUITE 200  
CHARLOTTESVILLE, VA 22902 US

**FEI Number: 58-2491253**

**Certificate of Status Desired: Yes**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 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 SCHWARZ, HERMAN  
Address 1275 PEACHTREE STREET, 6TH FLOOR  
City-State-Zip: ATLANTA GA 30309

Title S  
Name GASTON, CHINTA  
Address 400 EAST MAIN STREET, SUITE 200  
City-State-Zip: CHARLOTTESVILLE VA 22902

*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: M CHINTA GASTON**

**SECRETARY, GENERAL 04/09/2014  
COUNSEL**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date