


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001619	
1. Entity Name CARE RISK RETENTION GROUP, INC.	

Principal Place of Business 5101 WISCONSIN AVE. SUITE 500 WASHINGTON, DC 20016	Mailing Address 5101 WISCONSIN AVE. SUITE 500 WASHINGTON, DC 20016
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DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2395338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, MICHAEL T
RISK SERVICES
1800 SECOND STREET, SUITE 909
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV POPE, ROBERT G M.D. 7640 CLASSIC WAY ATLANTA, GA 30350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HAFENDORFER, DANIEL M.D. 7016 BREAKWATER PLACE PROSPECT, KY 40059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROGERS, MICHAEL T 1800 SECOND STREET SUITE 909 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, HEATHER 1501 WILSON BLVD. SUITE 1110 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/17/06-80085-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other persons empowered.

SIGNATURE.  **Heather Ross** **4/25/06** **783-8128/28**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #