


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90029 006 ***150.00

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 1800 SECOND STREET Suite, Apt. #, etc. SARASOTA, FL City & State Zip	Country U.S.A.
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04032007	Chg-P	CR2E034 (12/06)
4. FEI Number 52-2395338	Applied For 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	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV POPE, ROBERT G M.D. 7640 CLASSIC WAY ATLANTA, GA 30350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD POPE, ROBERT G. M.D. 7640 CLASSIC WAY ATLANTA, GA 30350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HAFENDORFER, DANIEL M.D. 7016 BREAKWATER PLACE PROSPECT, KY 40059 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAFENDORFER, DANIEL M.D. 7016 BREAKWATER PLACE PROSPECT, KY 40059 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROGERS, MICHAEL T 1800 SECOND STREET SUITE 909 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, HEATHER 1501 WILSON BLVD. SUITE 1110 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: MICHAEL T. ROGERS  4/4/07 941-9550793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #