

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001619

FILED
May 06, 2009
Secretary of State

Entity Name: CARE RISK RETENTION GROUP, INC.

Current Principal Place of Business:

5101 WISCONSIN AVE.
SUITE 500
WASHINGTON, DC 20016

New Principal Place of Business:

Current Mailing Address:

1800 SECOND STREET
SUITE 909 E
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 52-2395338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CVD () Delete
Name: POPE, ROBERT G M.D.
Address: 7540 CLASSIC WAY
City-St-Zip: ATLANTA, GA 30350

Title: PD () Delete
Name: HAFENDORFER, DANIEL M.D.
Address: 7016 BREAKWATER PLACE
City-St-Zip: PROSPECT, KY 40059

Title: DT () Delete
Name: ROGERS, MICHAEL T
Address: 1800 SECOND STREET SUITE 909
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: ROSS, HEATHER
Address: 2233 WISCONSIN AVE. N.W. STE. 310
City-St-Zip: WASHINGTON, DC 20007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA RACITI

AM

05/06/2009

Electronic Signature of Signing Officer or Director

_____ Date