

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001619

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** CARE RISK RETENTION GROUP, INC.

**Current Principal Place of Business:**

607 14TH STREET, N.W.  
SUITE 900  
WASHINGTON, DC 20005

**New Principal Place of Business:**

2233 WISCONSIN AVE., N.W.  
SUITE 310  
WASHINGTON, DC 20007

**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

**OFFICERS AND DIRECTORS:**

Title: CVD  
Name: POPE, ROBERT G M.D.  
Address: 9300 SHELBYVILLE RD, SUITE 204  
City-St-Zip: LOUISVILLE, KY 40222

Title: PD  
Name: HAFENDORFER, DANIEL M.D.  
Address: 9300 SHELBYVILLE RD, SUITE 204  
City-St-Zip: LOUISVILLE, KY 40222

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

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

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 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 all other like empowered.

SIGNATURE: HEATHER ROSS

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03/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date