

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

S

03/03/2011

Electronic Signature of Signing Officer or Director

Date