

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000005483

**FILED**  
**Jun 21, 2011**  
**Secretary of State**

**Entity Name:** CARE PROVIDER SERVICES, INC.

**Current Principal Place of Business:**

2979 PGA BLVD.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

12201 BLUEGRASS PARKWAY  
LOUISVILLE, KY 40299

**Current Mailing Address:**

2979 PGA BLVD.  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

12201 BLUEGRASS PARKWAY  
LOUISVILLE, KY 40299

**FEI Number:** 58-2121980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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:** DCEO  
**Name:** STEIER, E. JOSEPH III  
**Address:** 12201 BLUEGRASS PARKWAY  
**City-St-Zip:** LOUISVILLE, KY 40299

**Title:** CFO  
**Name:** HARRISON, JOHN  
**Address:** 12201 BLUEGRASS PARKWAY  
**City-St-Zip:** LOUISVILLE, KY 40299

**Title:** VP  
**Name:** ADAMS, SANDRA L  
**Address:** 12201 BLUEGRASS PARKWAY  
**City-St-Zip:** LOUISVILLE, KY 40299

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:** SANDRA ADAMS

VP

06/21/2011

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

\_\_\_\_\_  
Date