2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012014

Entity Name: CARE NETPASS, L.L.C.

City-St-Zip:

MIAMI, FL 33165

FILED Jul 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7805 CORAL WAY SUITE 107 MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** PO BOX 1384 MIAMI, FL 331441384 FEI Number: 65-1048474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORDOVA, ANGEL D CORDOVA, ANGEL D 780 NW 42 AVE 782 NW 42 AVE SUITE 416 SUITE 340 MIAMI, FL 33126 US MIAMI, FL 33126 US 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: 07/06/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition DIAZ, ISABELLE Name: Name: Address: 821 SW 176 AVE Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LA TORRE, ROSA DE Name: Name: Address: 10261 SW 58 ST Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: MGR () Delete Title: () Change () Addition REGALADO, RICARDO Name: Name: 1712 SW 103 PLACE Address: Address:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: ISABELLE DIAZ 07/06/2009