## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015513

Entity Name: CARECORP, LLC

FILED May 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5600 N. FLAGLER DR. 247 FORSET HILL BLVD

SUITE PH204 WEST PALM BEACH, FL 33405

WEST PALM BEACH, FL 33407

**New Mailing Address: Current Mailing Address:** 

5600 N. FLAGLER DR. 247 FORSET HILL BLVD

SUITE PH204 WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33407

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

SHOFSTALL, WILLIAM G SHOFSTALL, WILLIAM G 828 SQUIRE DRIVE 828 SQUIRE DRIVE

WELLINGTON, FL 33407 US WELLINGTON, FL 33414 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: 05/02/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

SNOW, CORTLANDT P SNOW, CORTLANDT P Name: Name: Address: 5600 N. FLAGLER DR., SUITE PH204 Address: 247 FOREST HILL BLVD City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33405

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.

SIGNATURE: CORTLANDT P. SNOW **MGRM** 05/02/2009