2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L01000003082

Entity Name: CARESERVICES OF THE TREASURE COAST, LLC

Current Principal Place of Business:

2500 QUANTUM LAKES DRIVE
SUITE 215
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-1094467 **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:

LINDSEY, CHRIS
2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

ROLLE, JULIA
2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 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: JULIA ROLLE 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BELLOMY, GREG
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR ( ) Delete
Name: DOUTHITT, JAMES M
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR ( ) Delete
Name: FAUST, BOYD
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR ( ) Delete
Name: LINDSEY, CHRIS
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: TODD, STEVE
Address: 2500 QUANTUM LAKES DRIVE, SUITE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEVE TODD MGR 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date