2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006277

Entity Name: CARESERVICES OF THE GULF COAST, LLC

2500 QUANTUM LAKES DRIVE, SUITE 108

BOYNTON BEACH, FL 33426

Address:

City-St-Zip:

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7381 114TH AVE. NORTH, SUITE 403 LARGO, FL 33773 **Current Mailing Address: New Mailing Address:** 2500 QUANTUM LAKES DRIVE SUITE 108 BOYNTON BEACH, FL 33426 FEI Number: 65-1094426 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: LINDSEY, CHRIS ROLLE, JULIA 2500 QUÁNTUM LAKES DRIVE 2500 QUANTUM LAKES DRIVE SUITE 108 SUITE 108 BOYNTON BEACH, FL 33426 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BELLOMY, GREG Name: Name: 2500 QUANTUM LAKES DRIVE, SUITE 108 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition DOUTHITT, JAMES M Name: TODD, STEVE Name: Address: 2500 QUANTUM LAKES DRIVE, SUITE 108 Address: 2500 QUANTUM LAKES DRIVE, SUITE 108 City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: BOYNTON BEACH, FL 33426 Title: MGR () Delete Title: () Change () Addition FAUST, BOYD Name: Name: 2500 QUANTUM LAKES DRIVE, SUITE 108 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LINDSEY, CHRIS Name:

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.

Address:

City-St-Zip:

SIGNATURE: STEVE TODD MGR 05/01/2007