

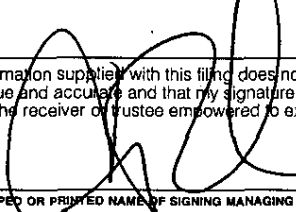


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90080 008 \*\*\*\*\*50.00

<b>DOCUMENT # L01000021983</b> 1. Entity Name <b>CAREPLUS TRANSPORTATION, LLC</b>					
Principal Place of Business <b>55 ALHAMBRA PLAZA</b> <b>7TH FLOOR</b> <b>CORAL GABLES, FL 33134 US</b>			Mailing Address <b>55 ALHAMBRA PLAZA</b> <b>7TH FLOOR</b> <b>CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business <b>255 ALHAMBRA CIRCLE</b> Suite, Apt. #, etc. <b>STE 500</b>		3. Mailing Address <b>255 ALHAMBRA CIRCLE</b> Suite, Apt. #, etc. <b>STE 500</b>			
City & State 		City & State 		04092004 Chg-LLC CR2E083 (10/03)	
Zip 		Zip 		4. FEI Number <b>26-0010807</b>	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC.</b> <b>ONE S E THIRD AVENUE</b> <b>28TH FLOOR</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>FERNANDEZ, MICUEL B</b> <b>55 ALHAMBRA PLAZA 7TH FLOOR</b> <b>CORAL GABLES, FL 33134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR, PRESIDENT, CEO</b> <b>ARISTIDES PALLIN</b> <b>255 ALHAMBRA CIRCLE STE 500</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR, VP</b> <b>GEDRGE FERNANDEZ</b> <b>255 ALHAMBRA CIRCLE STE 500</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CARLOS PADRON</b> <b>255 ALHAMBRA CIRCLE STE 500</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>BRIAN SCHACKER</b> <b>255 ALHAMBRA CIRCLE STE 500</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHIEF MEDICAL OFFICER</b> <b>DR. JOSE PEREZ</b> <b>255 ALHAMBRA CIRCLE STE 500</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b>  <b>ARISTIDES PALLIN PRES</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone # _____	