## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000007746

Address:

City-St-Zip:

Entity Name: CARECO HEALTH SERVICES LLC

FILED Apr 30, 2003 Secretary of State

3800 INVERRARY BOULEVARD, SUITE 100-O

FORT LAUDERDALE, FL 33319

**Current Principal Place of Business: New Principal Place of Business:** 9609 NW 8 CIR 3800 INVERRARY BOULEVARD FT. LAUDERDALE, FL 33324 SUITE 100-O FT. LAUDERDALE, FL 33319 **Current Mailing Address: New Mailing Address:** 3800 INVERRARY BOULEVARD 9609 NW 8 CIR FT. LAUDERDALE, FL 33324 SUITE 100-O FT. LAUDERDALE, FL 33319 FEI Number: 02-0579052 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CLARKE, HEATHER CLARKE, HEATHER 9609 NW 8 CIR. 3800 INVERRARY BOULEVARD FT. LAUDERDALE, FL 33324 SUITE 100-O FT. LAUDERDALE, FL 33319 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: 04/30/2003 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS:** ADDITIONS/CHANGES: () Delete Title: ( ) Change (X) Addition CLARKE, PAUL M SECRETA Name: Name: Address: Address: 3800 INVERRARY BOULEVARD, SUITE 100-O City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33319 ( ) Change (X) Addition Title: Title: ( ) Delete Name: Name: MCCLYMONT, MARTICA R PRESIDE Address: Address: 3800 INVERRARY BOULEVARD, SUITE 100-O City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33319 Title: () Delete Title: MGRM ( ) Change (X) Addition MCCLYMONT, ERIC B VICE PR Name: Name: 3800 INVERRARY BOULEVARD, SUITE 100-O Address: Address: City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33319 Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: CLARKE, HEATHER B FINANCI

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEATHER CLARKE MGRM 04/30/2003