

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011294

**FILED**  
**Feb 23, 2006**  
**Secretary of State**

**Entity Name:** CARESERVICES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

2500 QUANTUM LAKES DRIVE, SUITE 108  
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:** 47-0914818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

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

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

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 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:** JAMES DOUTHITT

CFO

02/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date