

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055635

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** CARESTREAM, LLC

**Current Principal Place of Business:**

405 GLENN DRIVE, SUITE 4  
STERLING, VA 20164

**New Principal Place of Business:**

**Current Mailing Address:**

405 GLENN DRIVE, SUITE 4  
STERLING, VA 20164

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTREPID REGISTERED AGENT SERVICES, LLC  
225 WATER STREET, SUITE 2020  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: VUTURO, GEORGE J  
Address: 405 GLENN DRIVE, SUITE 4  
City-St-Zip: STERLING, VA 20164

Title: MGR ( ) Delete  
Name: WADE, DOROTHY J  
Address: 405 GLENN DRIVE, SUITE 4  
City-St-Zip: STERLING, VA 20164

**ADDITIONS/CHANGES:**

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 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.

SIGNATURE: GEORGE VUTURO

MGR

04/29/2005

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