2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L04000055635

Entity Name: CARESTREAM, LLC

Current Principal Place of Business:

405 GLENN DRIVE, SUITE 4
STERLING, VA 20164

New Principal Place of Business:

405 GLENN DRIVE, SUITE 4
STERLING, VA 20164 US

Current Mailing Address:

405 GLENN DRIVE, SUITE 4
STERLING, VA 20164

New Mailing Address:

405 GLENN DRIVE, SUITE 4
STERLING, VA 20164 US

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
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: 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: MGR (X) Change ( ) Addition
Name: VUTURO, GEORGE J
Address: 405 GLENN DRIVE, SUITE 4
City-St-Zip: STERLING, VA 20164 US

Title: MGR (X) Change ( ) Addition
Name: VUTURO, DOROTHY W
Address: 405 GLENN DRIVE, SUITE 4
City-St-Zip: STERLING, VA 20164 US

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: GEORGE J. VUTURO MGR 04/28/2006

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