

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057190

Entity Name: CARE SERVICES, LLC

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-1472696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTEMORE, DONALD H ESQ.
C/O PHELPS DUNBAR LLP
100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GRUENSFELDER, HOWARD H
Address: 33 WILLOW GLEN NE
City-St-Zip: ATLANTA, GA 30342 US

Title: MGR () Change (X) Addition
Name: GRUENSFELDER, ALBERT L
Address: 32 WILLOW GLEN NE
City-St-Zip: ATLANTA, GA 30342 US

Title: MGR () Change (X) Addition
Name: GRUENSFELDER, ELEANOR S
Address: 32 WILLOW GLEN NE
City-St-Zip: ATLANTA, GA 30342 US

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: HOWARD H.J. GRUENSFELDER

MGR

04/14/2005

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