## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057190

Entity Name: CARE SERVICES, LLC

FILED Jul 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

100 SOUTH ASHLEY DRIVE, SUITE 1900 13555 AUTOMOBILE BLVD. TAMPA, FL 33602

STE. 500 CLEARWATER, FL 33602

ADDITIONS/CHANGES:

**Current Mailing Address: New Mailing Address:** 

100 SOUTH ASHLEY DRIVE, SUITE 1900 4311 BLUEBONNET BLVD TAMPA, FL 33602 BATON ROUGE, LA 70809

FEI Number: 20-1472696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WHITTEMORE, DONALD H ESQ. TURNER, ELAYNE C/O PHELPS DUNBAR LLP 13555 AUTOMOBILE BLVD. 100 SOUTH ASHLEY DRIVE, SUITE 1900 STE. 500

TAMPA, FL 33602 US CLEARWATER, FL 33762 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: ELAYNE TURNER 07/20/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR Title: () Delete (X) Change ( ) Addition

GRUENSFELDER, HOWARD H LANPHIER, CHARLES Name: Name: Address: 33 WILLOW GLEN NE Address: 4311 BLUEBONNET BLVD. City-St-Zip: ATLANTA, GA 30342 US City-St-Zip: BATON ROUGE, LA 70809 US

Title: MGR () Delete Title: MGR (X) Change ( ) Addition GRUENSFELDER, ALBERT L Name: Name: FISHER, NANCY

Address: 32 WILLOW GLEN NE Address: 4311 BLUEBONNET BLVD. City-St-Zip: ATLANTA, GA 30342 US City-St-Zip: BATON ROUGE, LA 70809 US

Title: MGR (X) Delete Title: () Change () Addition

GRUENSFELDER, ELEANOR S Name: Name: Address: 32 WILLOW GLEN NE Address: City-St-Zip: ATLANTA, GA 30342 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NANCY FISHER 07/20/2007