

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123580

FILED
Apr 24, 2009
Secretary of State

Entity Name: CARE MANAGEMENT SERVICE PROFESSIONALS, LLC

Current Principal Place of Business:

13014 N. DALE MABRY HWY.
129
TAMPA, FL 33618

New Principal Place of Business:

13014 N. DALE MABRY HWY.
354
TAMPA, FL 33618

Current Mailing Address:

13014 N. DALE MABRY HWY.
129
TAMPA, FL 33618

New Mailing Address:

13014 N. DALE MABRY HWY.
354
TAMPA, FL 33618

FEI Number: 45-0587138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEEWYNN WILEY
13014 N. DALE MABRY HWY.
129
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

DEEWYNN WILEY-COX
13014 N. DALE MABRY HWY.
354
TAMPA, FL 33618 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: DEEWYNN WILEY-COX

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: WILEY, DEEWYNN
Address: 13014 N. DALE MABRY HWY., #129
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WILEY-COX, DEEWYNN
Address: 13014 N. DALE MABRY HWY., #354
City-St-Zip: TAMPA, FL 33618

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: DEEWYNN WILEY-COX

PRES

04/24/2009

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