

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123580

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** CARE MANAGEMENT SERVICE PROFESSIONALS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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-COX  
13014 N. DALE MABRY HWY.  
354  
TAMPA, FL 33618 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: PRES  
Name: WILEY-COX, DEEWYNN  
Address: 13014 N. DALE MABRY HWY., #354  
City-St-Zip: TAMPA, FL 33618

I hereby 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

01/04/2011

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