2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# L09000004384

Entity Name: CAREHERE CROWNE, LLC

Current Principal Place of Business:

215 JAMESTOWN PARK DRIVE
SUITE 204
BRENTWOOD, TN 37027

New Principal Place of Business:

5141 VIRGINIA WAY
STE 350
BRENTWOOD, TN 37027

Current Mailing Address:

215 JAMESTOWN PARK DRIVE
SUITE 204
BRENTWOOD, TN 37027

New Mailing Address:

5141 VIRGINIA WAY
STE 350
BRENTWOOD, TN 37027

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM
Name: TOMLINSON, RAY
Address: 5141 VIRGINIA WAY, STE 350
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: BRANHAM, BRIAN
Address: 5141 VIRGINIA WAY, STE 350
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: BRANHAM, MACKIE
Address: 5141 VIRGINIA WAY, STE 350
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: HOUSER, SARAH
Address: 5141 VIRGINIA WAY, STE 350
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: BAKER, BEN
Address: 5141 VIRGINIA WAY, STE 350
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM
Name: CLEVENGER, ERNEST
Address: 5141 VIRGINIA WAY, STE 350
City-St-Zip: BRENTWOOD, TN 37027

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 Statues.

SIGNATURE: SARAH HOUSER MGRM 04/24/2012

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