2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# L99000001959

Entity Name: CARE RIDE, L.L.C.

Current Principal Place of Business:

16991 US HIGHWAY 19 NO
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

16991 US HIGHWAY 19 NO
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3565490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR. ESQ
MCFARLANE, FERGUSON & MCMULLEN
625 COURT ST., SUITE 200
CLEARWATER, FL 33756 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 ( ) Delete
Name: BAY CARE HOME CARE,
Address: 8452 118TH AVE, N
City-St-Zip: LARGO, FL 33773

Title: MGRM ( ) Delete
Name: CARE RIDE, INC.,
Address: 6883 AUGUSTA BLVD.
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DOUGLAS M JOHNSON ADM 02/22/2009

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