

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001959

FILED
Feb 13, 2012
Secretary of State

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

Current Principal Place of Business:

4625 EAST BAY DR, STE 105/107
CLEARWATER, FL 33764

New Principal Place of Business:

4625 EAST BAY DR, STE 105
CLEARWATER, FL 33764

Current Mailing Address:

4625 EAST BAY DR, STE 105/107
CLEARWATER, FL 33764

New Mailing Address:

4625 EAST BAY DR, STE 105
CLEARWATER, FL 33764

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
Name: BAY CARE HOME CARE
Address: 8452 118TH AVE, N
City-St-Zip: LARGO, FL 33773

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

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: DOUGLAS M JOHNSON

ADM

02/13/2012

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