

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001686

FILED  
Jan 27, 2004  
Secretary of State

Entity Name: CARE RESOURCES, LLC

**Current Principal Place of Business:**

5201 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5201 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 62-1778062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, JOANNA  
5201 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: SMITH, LEN  
Address: 5201 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR ( ) Delete  
Name: MARSHALL, THOMAS W  
Address: 412 OAKLEIGH HILL DRIVE  
City-St-Zip: NASHVILLE, TN 37215

Title: MGR ( ) Delete  
Name: ELLSWORTH, LYNN  
Address: 5042 THOROUGHbred LANE, SUITE 200  
City-St-Zip: BRENTWOOD, TN 37027

Title: MGR ( ) Delete  
Name: MARTIN, BONNIE  
Address: 5207 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR ( ) Delete  
Name: MARTIN, JOHN  
Address: 5207 TROUBLE CREEK ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: LEN SMITH

MR.

01/27/2004

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