


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000001686 1. Entity Name CARE RESOURCES, LLC	
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Principal Place of Business 5201 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652	Mailing Address 5201 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE



01272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1778062	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, LEN 5201 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHALL, THOMAS W 412 OAKLEIGH HILL DRIVE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLSWORTH, LYNN 5042 THOROUGHbred LANE, SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, BONNIE 5207 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, JOHN 5207 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000234813
02/18/05-80037-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:   **2/14/05** **615-373-5427**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #