


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000001686	
1. Entity Name CARE RESOURCES, LLC	

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



01202006No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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, 2006

UN0000403699
02/06/06-80017-016 50.00

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	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Chris M. James* Chris M. JAMES 1/24/06 605-373-5427

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