


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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

<b>DOCUMENT # M01000001686</b>	
1. Entity Name <b>CARE RESOURCES, LLC</b>	

Principal Place of Business <b>5201 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652</b>	Mailing Address <b>5201 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652</b>
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01202006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>DAVIS, JOANNA 5201 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652</b>
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**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, 2006

UD0000403699  
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	

**DO NOT WRITE  
IN THIS SPACE**

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 #