2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2003
Secretary of State

DOCUMENT# M01000001686

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 34262

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

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: JOHN MARTIN MGR 07/08/2003

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