2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2005
Secretary of State

DOCUMENT# M03000000367

Entity Name: CAREPLUS MANAGEMENT, LLC

Current Principal Place of Business:

255 ALHAMBRA CIRCLE, STE 500
CORAL GABLES, FL 33134

New Principal Place of Business:

121 ALHAMBRA PLAZA
1100
CORAL GABLES, FL 33134

Current Mailing Address:

255 ALHAMBRA CIRCLE, STE 500
CORAL GABLES, FL 33134

New Mailing Address:

121 ALHAMBRA PLAZA
1100
CORAL GABLES, FL 33134

FEI Number: 65-1170582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE., 28TH FL
MIAMI, FL 33131 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/MANAGERS:

Title: MGRP ( ) Delete
Name: PALLIN, ARISTIDES
Address: 255 ALHAMBRA CIRCLE, STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRV (X) Delete
Name: FERNANDEZ, GEORGE
Address: 255 ALHAMBRA CIRCLE, STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete
Name: PADRON, CARLOS
Address: 255 ALHAMBRA CIRCLE, STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO (X) Delete
Name: SCHACKER, BRIAN
Address: 255 ALHAMBRA CIRCLE, STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: C (X) Delete
Name: PEREZ, DR. JOE
Address: 255 ALHAMBRA CIRCLE, STE 500
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRP (X) Change ( ) Addition
Name: FERNANDEZ, MIKE
Address: 121 ALHAMBRA PLAZA SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

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: MIKE FERNANDEZ MGRP 06/24/2005

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