2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M03000000367

1. Entity Name

CAREPLUS MANAGEMENT, LLC



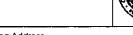
FILED Mar 04, 2008 08:00 Al **Secretary of State**

Principal Place of Business

121 ALHAMBRA PLAZA

1100

CORAL GABLES, FL 33134



Mailing Address

121 ALHAMBRA PLAZA

1100

CORAL GABLES, FL 33134



01302008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 65-1170582 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent alguature required when reinstating)

<u>03/19/09⊬80046</u>€013 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP FERNANDEZ, MIKE 121 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I nereby 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE