2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90041 028 ***138.75

DOCUMENT # M06000004132

1. Entity Name
CARECORE NATIONAL, LLC

Principal Place of Business	Mailing Address
169 MYERS CORNERS ROAD WAPPINGERS FALLS, NY 12590	169 MYERS CORNERS ROAD WAPPINGERS FALLS, NY 12590

04182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
400 Buckwalter Place Blvd.	400 Buckwalter Place Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bluffton, SC	City & State: Bluffton, SC
Zip: 29910 Country: USA	Zip: 29910 Country: USA

4. FEI Number: 14-1831391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RYAN, DONALD R 169 MYERS CORNERS ROAD WAPPINGERS FALLS, NY 12590	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Ryan, Donald R. 400 Buckwalter Place Blvd. Bluffton, SC 29910	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CANTER, JOEL M.D. 400 WESTAGE STREET FISHKILL, NY 12524	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Canter, Joel M.D. 169 Myers Corners Road Wappingers Falls, NY 12590	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LITT, ANDREW 560 1ST AVENUE ROOM 232 NEW YORK, NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Glaudemans, Jon M. 1350 Connecticut Ave. NW, Suite 900 Washington, DC 20036	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHANG, JAMES M.D. 70 BOWERY, STE 504 NEW YORK, NY 10002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Schneider, Morton M.D. 165 East 72nd St. New York, NY 10021	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WORTMAN, WILLIAM M.D. 990 STEWART AVENUE, 4TH FL GARDEN CITY, NY 11530	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Travis, Norton 350 East 57th St. New York, NY 10022	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LIEBERMAN, STEVE 1655 N FORT MYER DRIVE STE 1250 ARLINGTON, VA 22209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #