

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004132

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: CARECORE NATIONAL, LLC

**Current Principal Place of Business:**

400 BUCKWLATER PLACE BLVD  
BLUFFTON, SC 29910

**New Principal Place of Business:**

**Current Mailing Address:**

400 BUCKWLATER PLACE BLVD  
BLUFFTON, SC 29910

**New Mailing Address:**

FEI Number: 14-1831391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: RYAN, DONALD R  
Address: 400 BUCKWATER PLACE BLVD  
City-St-Zip: BLUFFTON, SC 29910

Title: MGR ( ) Delete  
Name: CANTER, JOEL M.D.  
Address: 169 MYERS CORNERS RD  
City-St-Zip: WAPPINGERS FALLS, NY 12590

Title: MGR ( ) Delete  
Name: LITT, ANDREW  
Address: 560 1ST AVENUE ROOM 232  
City-St-Zip: NEW YORK, NY 10016

Title: MGR ( ) Delete  
Name: CHANG, JAMES M.D.  
Address: 70 BOWERY, STE 504  
City-St-Zip: NEW YORK, NY 10002

Title: MGR ( ) Delete  
Name: GLAUDEMANS, JON M  
Address: 1350 CONNECTICUT AVE NW STE 900  
City-St-Zip: WASHINGTON, DC 20036

Title: MGR ( ) Delete  
Name: LIEBERMAN, STEVE  
Address: 1655 N FORT MYER DRIVE STE 1250  
City-St-Zip: ARLINGTON, VA 22209

**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: ( ) 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 exemption stated in Chapter 119, 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: DON R RYAN

MGR

04/20/2009

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