

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005003

FILED
Apr 08, 2010
Secretary of State

Entity Name: COOPERATIVE CARE PLANNING SERVICES, LLC

Current Principal Place of Business:

2121 COOPERATIVE WAY, STE 400
HERNDON, VA 20171

New Principal Place of Business:

Current Mailing Address:

2121 COOPERATIVE WAY, STE 400
HERNDON, VA 20171

New Mailing Address:

FEI Number: 20-4840887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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
Name: BROWER, ROBERT C SR
Address: 2121 COOPERATIVE WAY STE 400
City-St-Zip: HERNDON, VA 20171

Title: MGR
Name: WARREN, JEFFREY M
Address: 15770 DALLAS PARKWAY STE 750
City-St-Zip: DALLAS, TX 75248

Title: MGR
Name: WARREN, MICHAEL W
Address: 15770 DALLAS PARKWAY STE 750
City-St-Zip: DALLAS, TX 75248

Title: MGR
Name: BROWER, CHRISTIAN W
Address: 2121 COOPERATIVE WAY STE 400
City-St-Zip: HERNDON, VA 20171

I hereby 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: CHRISTIAN BROWER

PRES

04/08/2010

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