2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

DOCUMENT# M10000002833

Entity Name: CARE PURCHASING SERVICES LLC

Current Principal Place of Business:

400 LOCUST STREET, SUITE 820
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET, SUITE 820
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 42-1475411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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: KENNY, EDWARD R
Address: 400 LOCUST STREET, SUITE 820
City-St-Zip: DES MOINES, IA 50309

Title: MGR
Name: NELSON, JOEL D
Address: 400 LOCUST STREET, SUITE 820
City-St-Zip: DES MOINES, IA 50309

Title: MGR
Name: BRIDGEWATER, DIANE C
Address: 400 LOCUST STREET, SUITE 820
City-St-Zip: DES MOINES, IA 50309

Title: MGR
Name: EXLINE, RICK W
Address: 107 N STATE ROAD 135 STE 206
City-St-Zip: GREENWOOD, IN 46142

Title: MGR
Name: MEYER, KEVIN
Address: 800 NW 17TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

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 Statues.

SIGNATURE: REBECCA S STOLL AS 04/20/2012

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