

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000001485

**FILED  
Apr 23, 2010  
Secretary of State**

**Entity Name:** LOGISTICARE SOLUTIONS, LLC

**Current Principal Place of Business:**

1800 PHOENIX BLVD., SUITE 120  
COLLEGE PARK, GA 30349

**New Principal Place of Business:**

**Current Mailing Address:**

1800 PHOENIX BLVD., SUITE 120  
COLLEGE PARK, GA 30349

**New Mailing Address:**

**FEI Number:** 58-2491253      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** LOGISTICARE, INC.  
**Address:** 1800 PHOENIX BLVD., SUITE 120  
**City-St-Zip:** COLLEGE PARK, GA 30349

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: M. CHINTA GASTON

GC

04/23/2010

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