2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
01-28-2005 90075 046 ****55.00

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1. Entity Name
CARECENTRIC NATIONAL, LLC

Principal Place of Business	Mailing Address
2625 CUMBERLAND PKWY., #310 ATLANTA, GA 30339	2625 CUMBERLAND PKWY., #310 ATLANTA, GA 30339

DO NOT WRITE IN THIS SPACE

01072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2269501
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SC HOLDING, INC.
STREET ADDRESS	2625 CUMBERLAND PKWY., #310
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	MGRM
NAME	FESTA, JOHN R
STREET ADDRESS	2625 CUMBERLAND PKWY., #310
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	MGRM
NAME	MCGARY, ANA M.
STREET ADDRESS	2625 CUMBERLAND PKWY., #310
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ana M McGary 3/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #