2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000001525

1. Entity Name
CARECENTRIC NATIONAL, LLC

20009975

01252006   Chg-LLC   CR2E083 (11/05)

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	☐ Change ☐ Addition
NAME	SC HOLDING, INC.	NAME	
STREET ADDRESS	2625 CUMBERLAND PKWY., #310	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339 ☐ Delete	CITY-ST-ZIP	
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	FESTA, JOHN R	NAME	
STREET ADDRESS	2625 CUMBERLAND PKWY., #310	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339 ☐ Delete	CITY-ST-ZIP	
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	MCGARY, ANA M.	NAME	
STREET ADDRESS	2625 CUMBERLAND PKWY., #310	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339 ☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*   2-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #