

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33943

FILED  
Feb 08, 2012  
Secretary of State

Entity Name: CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

5211 LINBAR DRIVE  
508  
NASHVILLE, TN 37211 US

**New Principal Place of Business:**

**Current Mailing Address:**

5211 LINBAR DRIVE  
508  
NASHVILLE, TN 37211 US

**New Mailing Address:**

FEI Number: 59-3121117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWERS, TIM  
1821 LEGION DRIVE  
WINTER PARK, FL 32789 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: POWERS, TIMOTHY J  
Address: 1821 LEGION DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: MILLER, ANDREW W  
Address: 1821 LEGION DRIVE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY J POWERS

D

02/08/2012

Electronic Signature of Signing Officer or Director

Date