

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103189

Entity Name: CARE RESOURCES GROUP, LLC

Current Principal Place of Business:

7480 SW 40TH ST SUITE 660
MIAMI, FL 33155

Current Mailing Address:

7480 SW 40TH ST SUITE 660
MIAMI, FL 33155

FEI Number: 80-0295701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, MARIO M.D.
7480 SW 40TH ST SUITE 660
MIAMI, FL 33155 US

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

Authorized Person(s) Detail :

Title MGRM
Name TORRES, MARIO M.D.
Address 7480 SW 40TH ST SUITE 660
City-State-Zip: MIAMI FL 33155

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIO M.D. TORRES

MGRM

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date