

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000106080

**Entity Name:** CARE SQUAD HEALTH SERVICES LLC**Current Principal Place of Business:**21748 GARDEN WALK LOOP  
LAND O LAKES, FL 34637**Current Mailing Address:**21748 GARDEN WALK LOOP  
LAND O LAKES, FL 34637**FEI Number:** 46-0832308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIAZ, DAVID  
21748 GARDEN WALK LOOP  
LAND O LAKES, FL 34637 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	DIAZ, DAVID
Address	21748 GARDEN WALK LOOP
City-State-Zip:	LAND O LAKES FL 34637

Title	MGRM
Name	DIAZ, JACLYN M
Address	21748 GARDEN WALK LOOP
City-State-Zip:	LAND O LAKES FL 34637

Title	MGRM
Name	REYNO, STEVEN A
Address	1530 VILLA CAPRI CIRCLE APT 303
City-State-Zip:	ODESSA FL 33556

Title	MGRM
Name	ROSETO, ANDREA B
Address	1530 VILLA CAPRI CIRCLE APT 303
City-State-Zip:	ODESSA FL 33556

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN ANTHONY REYNO

MGRM

04/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date