

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000075107

Entity Name: CARPEVITA CARE MANAGEMENT LLC

Current Principal Place of Business:

240 N JAMES STREET
STE 107
NEW PORT, DE 19804

Current Mailing Address:

82 ROXITICUS ROAD
FAR HILLS, NJ 07931 US

FEI Number: 47-4049253

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER
Name DESIMONE, RICHARD B
Address 82 ROXITICUS ROAD
City-State-Zip: FAR HILLS NJ 07931

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: RICHARD B. DESIMONE

MEMBER

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date