

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001959

Entity Name: CARE RIDE, L.L.C.

Current Principal Place of Business:

4625 EAST BAY DRIVE
SUITE 105
CLEARWATER, FL 33764

Current Mailing Address:

4625 EAST BAY DRIVE
SUITE 105
CLEARWATER, FL 33764 US

FEI Number: 59-3565490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIZER, SCOTT A
BAYCARE HEALTH SYSTEM, INC.
2985 DREW STREET ATTENTION: LEGAL SERVICES DEPARTMENT
CLEARWATER, FL 33759 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: SCOTT KIZER

02/27/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BAYCARE HOME CARE, INC.
Address 8452 118TH AVE, N
City-State-Zip: LARGO FL 33773

Title MGRM
Name CARE RIDE, INC.
Address 4625 EAST BAY DRIVE
SUITE 105
City-State-Zip: CLEARWATER FL 33764

Title DIRECTOR
Name JOHNSON, DOUGLAS
Address 4625 EAST BAY DRIVE
SUITE 105
City-State-Zip: CLEARWATER FL 33764

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: DOUGLAS JOHNSON

DIRECTOR

02/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date