

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002260

Entity Name: TAKE CARE EMPLOYER SOLUTIONS, LLC**Current Principal Place of Business:**205 MILLER SPRINGS CT.
FRANKLIN, TN 37064**Current Mailing Address:**205 MILLER SPRINGS CT.
FRANKLIN, TN 37064 US**FEI Number:** 62-1625299**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 MGRM
Name TAKE CARE HEALTH SYSTEMS, INC.
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

Title PRESIDENT
Name HOTZ, PETER
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

Title VP
Name PETRICK, JEFFREY
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

Title VP, TREASURER
Name HANS, RICK
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

Title VP, ASST. TREASURER
Name PHIPPS, JENNIFER L
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

Title VP
Name WAGNER, MARK
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

Title VP, SECRETARY
Name SILVERMAN, ROBERT
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

Title VP
Name STEINER, RICHARD
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

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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: JENNIFER L. PHIPPS

VICE PRESIDENT

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name MANN, JOHN
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064

Title ASST. TREASURER
Name FELISH, MICHAEL
Address 205 MILLER SPRINGS CT.
City-State-Zip: FRANKLIN TN 37064