

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500007638

Entity Name: CAREOPERATIVE, LLC

Current Principal Place of Business:

320 SEVEN SPRINGS WAY
SUITE 250
BRENTWOOD, TN 37027

Current Mailing Address:

330 FRANKLIN RD
SUITE 135A-428
BRENTWOOD, TN 37027 US

FEI Number: 32-0476983

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	CFO	Title	MEMBER
Name	SULLIVAN, JOHN P	Name	HEALTHCARE BLUEBOOK, INC.
Address	320 SEVEN SPRINGS WAY SUITE 250	Address	320 SEVEN SPRINGS WAY SUITE 250
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027

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: JOHN P. SULLIVAN

**CHIEF FINANCIAL
OFFICER**

04/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date