

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000007638

**Entity Name:** CAREOPERATIVE, LLC

**Current Principal Place of Business:**

340 SEVEN SPRINGS WAY  
SUITE 600  
BRENTWOOD, TN 37027

**Current Mailing Address:**

340 SEVEN SPRINGS WAY  
SUITE 600  
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	5880 NOLENSVILLE PIKE SUITE 200	Address	340 SEVEN SPRINGS WAY SUITE 600
City-State-Zip:	NASHVILLE TN 37211	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

**AUTHORIZED PERSON**

**02/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date