

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000007638

**Entity Name:** CAREOPERATIVE, LLC

**Current Principal Place of Business:**

5880 NOLENSVILLE PIKE  
STE 200  
NASHVILLE, TN 37211

**Current Mailing Address:**

5880 NOLENSVILLE PIKE  
STE 200  
NASHVILLE, TN 37211 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            AUTHORIZED REPRESENTATIVE  
Name            JOHN P. SULLIVAN  
Address        5880 NOLENSVILLE PIKE  
                  STE 200  
City-State-Zip: NASHVILLE TN 37211

Title            AUTHORIZED MEMBER  
Name            HEALTHCARE BLUEBOOK, INC.  
Address        5880 NOLENSVILLE PIKE  
                  SUITE 200  
City-State-Zip: NASHVILLE TN 37211

*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  
REPRESENTATIVE**

**04/21/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date