

2017 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

FILED
Jan 06, 2017
Secretary of State
CC8324889448

Current Mailing Address:

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

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 MEMBER
Name HEALTHCARE BLUEBOOK, INC.
Address 5880 NOLENSVILLE PIKE
 STE 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 SULLIVAN _____

VP FINANCE

01/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date