

2019 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
Apr 12, 2019
Secretary of State
8048313340CC

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

**CHIEF FINANCIAL
OFFICER**

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date