2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724973

FILED Feb 27, 2012 Secretary of State

Entity Name: ELDER CARE SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

2518 W TENNESSEE ST. TALLAHASSEE, FL 32304 US

Current Mailing Address: New Mailing Address:

2518 W TENNESSEE ST. TALLAHASSEE, FL 32304 US

FEI Number: 59-1426079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROTEAU, JAMES M PCEO 2518 WEST TENNESSEE STREET TALLAHASSEE, FL 32304 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

OFFICERS AND DIRECTORS:

Title: PCEO

Name: CROTEAU, JAMES M

Address: 2518 WEST TENNESSEE STREET City-St-Zip: TALLAHASSEE, FL 32304 US

Title: CD

Name: WYLIE, JAMES JR.
Address: 5359 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: V

 Name:
 DAVIDSON, SHARON

 Address:
 6631 KINGMAN TRAIL

 City-St-Zip:
 TALLAHASSEE, FL 32309 US

Title: VCSD

Name: FERRIS, JANET

Address: 525 BOBBIN BROOK LANE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: CFOT

Name: JACOBS, DUANE E Address: 3106 AVON CIRCLE

City-St-Zip: TALLAHASSEE, FL 32312 US

Title: TD

Name: WEEDEN, SHARON

Address: 601 NORTH MONROE STREET City-St-Zip: TALLAHASSEE, FL 32301 US

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DUANE E. JACOBS CFO 02/27/2012