

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003352

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: EVERCARE COLLABORATIVE SOLUTIONS, INC.

## Current Principal Place of Business:

3141 NORTH THIRD AVENUE  
PHOENIX, AZ 85013

## New Principal Place of Business:

## Current Mailing Address:

LISA J. TRIPPEL (MNOO8-T440)  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

## New Mailing Address:

LISA J. TRIPPEL (MNOO8-T500)  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

FEI Number: 86-0964571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: MACH, JOHN R JR, MD  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: D ( ) Delete  
Name: MCMILLIAN, SHEILA E  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: S ( ) Delete  
Name: ADAMS MASSEY, GAYE  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: T ( ) Delete  
Name: OBERRENDER, ROBERT W  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: AT ( ) Delete  
Name: KNUTSON, GERALD J  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MALONEY, JEFF W  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: S (X) Change ( ) Addition  
Name: BERSON, SUSAN  
Address: 8045 LEESBURG PIKE  
City-St-Zip: VIENNA, VI 22182

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN W. BERSON

S

01/15/2008

Electronic Signature of Signing Officer or Director

Date