

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003352

FILED  
Apr 27, 2010  
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:**

ANDRIA SCHWANZ  
9701 DATA PARK DRIVE  
MINNETONKA, MN 55343

**New Mailing Address:**

ANDRIA SCHWANZ  
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  
Name: LARSEN, JOHN  
Address: 9701 DATA PARK DRIVE  
City-St-Zip: MINNETONKA, MN 55343

Title: D  
Name: MALONEY, JEFF W  
Address: 9701 DATA PARK DRIVE  
City-St-Zip: MINNETONKA, MN 55343

Title: S  
Name: PALME KRIZAK, CHRISTINA  
Address: 9701 DATA PARK DRIVE  
City-St-Zip: MINNETONKA, MN 55343

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

Title: VP  
Name: KELLY, JOHN W  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** CHRISTINA PALME KRIZAK

S

04/27/2010

Electronic Signature of Signing Officer or Director

Date