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.

CFO

SIGNATURE: LISA GIACOBBE

Electronic Signature of Signing Officer/Director Detail

TALLAHASSEE, FL 32304	
Current Mailing Address:	
2518 W TENNESSEE ST. TALLAHASSEE, FL 32304 US	

FEI Number: 59-1426079

Name and Address of Current Registered Agent:

BALDINO, MARK D 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:	MARK D. BALDINO			03/14/2019
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PCEO	Title	VP	
Name	BALDINO, MARK D	Name	HENDERSON, MICHAEL	
Address	2518 W TENNESSEE ST.	Address	2518 W TENNESSEE ST.	
City-State-Zip:	TALLAHASSEE FL 32304	City-State-Zip:	TALLAHASSEE FL 32304	
Title	CFO	Title	BOARD CHAIR	
Name	GIACOBBE, LISA	Name	KIRWIN, TOM	
Address	2518 W TENNESSEE ST.	Address	1855 EASTON FOREST DR.	
City-State-Zip:	TALLAHASSEE FL 32304	City-State-Zip:	TALLAHASSEE FL 32317	
Title	BOARD VICE CHAIR	Title	BOARD TREASURER	
Name	BOWERS, KEITH	Name	WATSON, JACKIE	
Address	432 W CAROLINA ST	Address	4826 KERRY FOREST PKWY	
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32309	

Certificate of Status Desired: No

FILED Mar 14, 2019 Secretary of State 9818439877CC

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03/14/2019

Date

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724973

Entity Name: ELDER CARE SERVICES, INC.

Current Principal Place of Business:

2518 W TENNESSEE ST. TALLAHASSEE, FL 32304