

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755977

**Entity Name:** VERSACARE, INC.

**Current Principal Place of Business:**

4097 TRAIL CREEK ROAD  
SUITE B  
RIVERSIDE, CA 92505

**FILED**  
**Apr 09, 2019**  
**Secretary of State**  
**7535018849CC**

**Current Mailing Address:**

4097 TRAIL CREEK ROAD  
SUITE B  
RIVERSIDE, CA 92505 US

**FEI Number: 33-0052434**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

**Officer/Director Detail :**

Title CHAIR, DIRECTOR  
Name SANDEFUR, CHARLES C  
Address 4097 TRAIL CREEK ROAD, SUITE B  
City-State-Zip: RIVERSIDE CA 92505

Title TREASURER, DIRECTOR  
Name BRODERSEN, ELLEN H  
Address 4097 TRAIL CREEK ROAD, SUITE B  
City-State-Zip: RIVERSIDE CA 92505

Title PRESIDENT, SECRETARY, DIRECTOR  
Name MACOMBER, THOMAS K  
Address 4097 TRAIL CREEK RD., SUITE B  
City-State-Zip: RIVERSIDE CA 92505

Title DIRECTOR  
Name COSTA, MYRNA  
Address 4097 TRAIL CREEK ROAD  
SUITE B  
City-State-Zip: RIVERSIDE CA 92505

Title DIRECTOR  
Name BRILL, DEBRA  
Address 4097 TRAIL CREEK ROAD  
SUITE B  
City-State-Zip: RIVERSIDE CA 92505

Title DIRECTOR  
Name PERSHING, RICHARD W  
Address 4097 TRAIL CREEK ROAD  
SUITE B  
City-State-Zip: RIVERSIDE CA 92505

Title DIRECTOR  
Name PAULSON, LISA BISSELL  
Address 4097 TRAIL CREEK ROAD, SUITE B  
City-State-Zip: RIVERSIDE CA 92505

Title DIRECTOR  
Name FORBES, BRAD  
Address 4097 TRAIL CREEK ROAD, SUITE B  
City-State-Zip: RIVERSIDE CA 92505

**Continues on page 2**

*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: THOMAS K. MACOMBER**

**PRESIDENT**

**04/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LESLIE, MARISSA  
Address        4097 TRAIL CREEK ROAD. SUITE B  
City-State-Zip: RIVERSIDE CA 92505