

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755977

**FILED  
Jan 30, 2017  
Secretary of State  
CC5232589375**

**Entity Name:** VERSACARE, INC.

**Current Principal Place of Business:**

4097 TRAIL CREEK ROAD  
SUITE B  
RIVERSIDE, CA 92505

**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:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PVCD  
Name COY, ROBERT E  
Address 4097 TRAIL CREEK ROAD, SUITE B  
City-State-Zip: RIVERSIDE CA 92505

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

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

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

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

Title VP  
Name WISBEY, RON M  
Address 4097 TRAIL CREEK ROAD  
SUITE B  
City-State-Zip: RIVERSIDE CA 92505

Title DIRECTOR  
Name HOWARD, ROSCOE J. III  
Address 4097 TRAIL CREEK ROAD  
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

**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:** ROBERT E. COY, J.D.

**PRESIDENT**

**01/30/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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