

**2015 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

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

Title SECRETARY  
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

*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

**PRESIDENT**

**02/24/2015**

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

\_\_\_\_\_  
Date