2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004723

Entity Name: FOUNDCARE, INC.

Current Principal Place of Business:

2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406

Current Mailing Address:

2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406 US

FEI Number: 54-2083748 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOLEY, JOHN ESQ **423 FERN STREET** SUITE 200 WEST PALM BEACH, FL 33401 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:

Address

Electronic Signature of Registered Agent

Date

FILED Jan 03, 2018

Secretary of State

CC6272073788

Officer/Director Detail:

DIRECTOR Title DIRECTOR, TREASURER Title

Name DRUSKIN, KEN Name DODSON, DAVID

Address 525 SOUTH FLAGLER DR. #12A Address 1411 NORTH FLAGLER DR. #7900

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR Title **SECRETARY**

Name COLLINS, JAMES Name CONDES, BERTHA Address 125 CHILEAN AVE Address 2914 LORENE DRIVE

City-State-Zip: PALM BEACH FL 33480 LAKE WORTH FL 33461 City-State-Zip:

Title Title DIRECTOR (NON-VOTING MEMBER),

Name BONNET, YOLETTE

432 FERN STREET Address Address 2330 S. CONGRESS AVE

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33406

Title **PRESIDENT**

Title DIRECTOR Name SERVIDEO, JOHN A.

Name GORDON, PAUL Address 2228 LAKE WORTH ROAD

#304

FOLEY, JOHN

City-State-Zip: LAKE WORTH FL 33461 City-State-Zip: CORAL SPRINGS FL 33071

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: RIK PAVLESCAK

1785 NW 85TH DRIVE

CHIEF OPERATING **OFFICER**

01/03/2018

Name

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

DIAZ, ERIC

Title DIRECTOR

Address 2528 BOUNDBROOK DRIVE SOUTH

#104

City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR

Name

Name AURELIEN, LOUISE ED.D.

Address PALM BEACH STATE COLLEGE

4200 CONGRESS AVENUE MAIL STATION#48

City-State-Zip: LAKE WORTH FL 33463

Title CHIEF MEDICAL OFFICER

Name MARRIOTT, ONEKA DR.

Address 2330 SOUTH CONGRESS AVENUE

City-State-Zip: WEST PALM BEACH FL 33406

Title COO

Name PAVLESCAK, RIK DR.

Address 2330 SOUTH CONGRESS AVENUE

City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR

Name JEAN-FRANCOIS, VIVIANNE L.
Address 3668 MIRAMONTES CIRCLE

City-State-Zip: WELLINGTON FL 33414

Title CFO

Name AGUERO, ROBERT

Address 2330 SOUTH CONGRESS AVENUE City-State-Zip: WEST PALM BEACH FL 33406