

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

DOCUMENT# N02000004723

**FILED**  
**Jan 16, 2019**  
**Secretary of State**  
**6432898073CC**

**Entity Name:** FOUND CARE, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name DRUSKIN, KEN  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name DODSON, DAVID  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title SECRETARY  
Name CONDES, BERTHA  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name COLLINS, JAMES  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR (NON-VOTING MEMBER),  
CEO  
Name BONNET, YOLETTE  
Address 2330 S. CONGRESS AVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title VP  
Name FOLEY, JOHN  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name GORDON, PAUL  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name DIAZ, ERIC  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

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*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:** DR. RIK PAVLESCAK

**CHIEF OPERATING  
OFFICER**

**01/16/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title COO  
Name PAVLESCAK, RIK DR.  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title CHIEF MEDICAL OFFICER  
Name MARRIOTT, ONEKA DR.  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name ROTA, JAMES  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name CO-WART, URSULA  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title PRESIDENT  
Name JEAN-FRANCOIS, VIVIANNE L.  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title CFO  
Name BURSON, HANNAH  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name ANGLADE, MOISE DR.  
Address 2330 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33406