

**2017 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: Yes

**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 525 SOUTH FLAGLER DR. #12A  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name DODSON, DAVID  
Address 1411 NORTH FLAGLER DR. #7900  
City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY  
Name CONDES, BERTHA  
Address 2914 LORENE DRIVE  
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR  
Name COLLINS, JAMES  
Address 125 CHILEAN AVE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR, FIRST VICE PRESIDENT  
Name CRITCHFIELD, JOEL R  
Address 125 S. STATE RD7  
SUITE 104-218  
City-State-Zip: WELLINGTON FL 33417

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

Title 2ND VICE PRESIDENT  
Name FOLEY, JOHN  
Address 432 FERN STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name GORDON, PAUL  
Address 1785 NW 85TH DRIVE  
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: DR. RIK PAVLESCAK

CHIEF OPERATING  
OFFICER

01/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            SERVIDEO, JOHN A.  
Address        2228 LAKE WORTH ROAD  
                  #304  
City-State-Zip: LAKE WORTH FL 33461

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

Title            DIRECTOR  
Name            DIAZ, ERIC  
Address        2528 BOUNDBROOK DRIVE SOUTH  
                  #104  
City-State-Zip: WEST PALM BEACH FL 33406

Title            DIRECTOR  
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