

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000065566

Entity Name: EDCARE OF ALABAMA, INC.

Current Principal Place of Business:

300 S. PARK RD, STE 400
HOLLYWOOD, FL 33021

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
300 S. PARK ROAD, SUITE 400
HOLLYWOOD, FL 33021 US

FEI Number: 27-0016133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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 CEOD
Name SCHILLINGER, JEFFREY
Address 300 S. PARK RD, STE 400
City-State-Zip: HOLLYWOOD FL 33021

Title VPD, SECRETARY
Name CRASS, SARAH C.H.
Address 1300 RIVERPLACE BLVD, STE 300
City-State-Zip: JACKSONVILLE FL 32207

Title PD
Name SCHILLINGER MD, DAVID
Address 300 S. PARK RD, STE 400
City-State-Zip: HOLLYWOOD FL 33021

Title VP, TREASURER, CFO
Name MAFFEI, CHRISTOPHER
Address 300 S. PARK RD, STE 400
City-State-Zip: HOLLYWOOD FL 33021

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH C.H. CRASS

VICE PRESIDENT

07/01/2015

Electronic Signature of Signing Officer/Director Detail

Date