

2013 FLORIDA PROFIT CORPORATION 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:**1300 RIVERPLACE BLVD, STE 300
ATTN: LEGAL DEPARTMENT
JACKSONVILLE, FL 32207**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	PD
Name	SCHILLINGER MD, DAVID
Address	300 S. PARK RD, STE 400
City-State-Zip:	HOLLYWOOD FL 33021

Title	VPT
Name	CHUNN, PATRICK
Address	300 S. PARK RD, STE 400
City-State-Zip:	HOLLYWOOD FL 33021

Title	S
Name	GRECO-DESPARS, SUSAN
Address	300 S. PARK RD, STE 400
City-State-Zip:	HOLLYWOOD FL 33021

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

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

VP

04/04/2013

Electronic Signature of Signing Officer/Director Detail_____
Date