

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065566

Entity Name: EDCARE OF ALABAMA, INC.**Current Principal Place of Business:**200 CORPORATE BLVD
LAFAYETTE, LA 70508**Current Mailing Address:**ATTN: ENTITY MANAGEMENT
200 CORPORATE BLVD
LAFAYETTE, LA 70508 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 DIRECTOR
Name SCHILLINGER MD, DAVID DR.
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

Title CHIEF COMPLIANCE OFFICER
Name CRASS, SARAH C.H.
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

Title CEO, DIRECTOR
Name D'AMARO, RICHARD
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

Title CFO, DIRECTOR
Name DOLAN, THOMAS
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

Title VP OF CONTRACTING & CORPORATE SECRETARY
Name FALK, LISHA
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

Title GENERAL COUNSEL
Name DOMENGEAUX, RYAN
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

Title COO, DIRECTOR
Name WHITE, LEE
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

Title CHIEF ACCOUNTING OFFICER, CONTROLLER
Name COTTAM, RENA
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

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

SIGNATURE: LISHA FALK**VICE PRESIDENT &
CORPORATE SECRETARY****03/22/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASSISTANT CONTROLLER
Name	FRAZIER, MECHELLE
Address	200 CORPORATE BLVD
City-State-Zip:	LAFAYETTE LA 70508