2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2020
Secretary of State
6436777523CC

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	CEO
Name	D'AMARO, RICHARD
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	VP
Name	FRAZIER, MECHELLE
Address	200 CORPORATE BLVD
City-State-Zip:	LAFAYETTE LA 70508

Title	DIRECTOR
Name	GUIDRY, JAMES
Address	200 CORPORATE BLVD
City-State-Zip:	LAFAYETTE LA 70508

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

Title	TREASURER
Name	COTTAM, RENA
Address	200 CORPORATE BLVD
City-State-Zip:	LAFAYETTE LA 70508

Title	SECRETARY
Name	CRASS, SARAH
Address	200 CORPORATE BLVD
City-State-Zip:	LAFAYETTE LA 70508

Title	DIRECTOR
Name	PILGRIM, RANDAL
Address	200 CORPORATE BLVD
City-State-Zip:	LAFAYETTE LA 70508

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 — VP & ASSISTANT SECRETARY — 02/07/2020

Electronic Signature of Signing Officer/Director Detail — Date