

**2021 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 CEO  
Name D'AMARO, RICHARD  
Address 200 CORPORATE BLVD  
City-State-Zip: LAFAYETTE LA 70508

Title CAO, 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 CMO, DIRECTOR  
Name PILGRIM, RANDAL  
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 FALKVP & ASSISTANT  
SECRETARY

02/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	COO
Name	REILLY, ROB
Address	200 CORPORATE BLVD
City-State-Zip:	LAFAYETTE LA 70508