2016 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:

Name

Electronic Signature of Registered Agent

Date

FILED Apr 04, 2016

Secretary of State

CC8878668659

Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR

Name SCHILLINGER, JEFFREY Name SCHILLINGER MD, DAVID DR.

Address 200 CORPORATE BLVD Address 200 CORPORATE BLVD LAFAYETTE LA 70508 City-State-Zip: LAFAYETTE LA 70508 City-State-Zip:

Title CEO Title DIRECTOR, CHIEF COMPLIANCE

OFFICER Name

D'AMARO, RICHARD Name CRASS, SARAH C.H. 200 CORPORATE BLVD Address 200 CORPORATE BLVD Address City-State-Zip: LAFAYETTE LA 70508

City-State-Zip: LAFAYETTE LA 70508

VP OF CONTRACTING & CORPORATE Title Title

Name

FALK, LISHA

SECRETARY

CFO SECRETARY

DOLAN, THOMAS Address 200 CORPORATE BLVD Address 200 CORPORATE BLVD

LAFAYETTE LA 70508 City-State-Zip: City-State-Zip: LAFAYETTE LA 70508

Title **GENERAL COUNSEL** Name DOMENGEAUX, RYAN 200 CORPORATE BLVD Address 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.

04/04/2016 SIGNATURE: LISHA FALK VP OF CONTRACTING & **CORPORATE**

Electronic Signature of Signing Officer/Director Detail

Date