

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003352

**Entity Name:** EVERCARE COLLABORATIVE SOLUTIONS, INC.**Current Principal Place of Business:**3141 NORTH THIRD AVENUE  
PHOENIX, AZ 85013**Current Mailing Address:**3141 NORTH THIRD AVENUE  
PHOENIX, AZ 85013 US**FEI Number: 86-0964571****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH 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	PRESIDENT/DIRECTOR
Name	CIAFROCCO, HEATHER RACHELLE
Address	1001 BRINTON ROAD
City-State-Zip:	PITTSBURGH PA 15221

Title	SECRETARY
Name	PALME-KRIZAK, CHRISTINA REGINA
Address	PO BOX 9472
City-State-Zip:	MINNEAPOLIS MN 55440-9472

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	MALONEY, JEFFREY WILLIAM
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	ASSISTANT SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

*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: HEATHER ANASTASIA LANG****ASSISTANT SECRETARY 03/22/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date