

2018 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
Name	NELSON, STEVEN HALE
Address	3100 LAKE CENTER DRIVE
City-State-Zip:	SANTA ANA CA 92704

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

Title	TREASURER
Name	OBERRENDER, ROBERT WORTH
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	DIRECTOR
Name	NELSON, STEVEN HALE
Address	3100 LAKE CENTER DRIVE
City-State-Zip:	SANTA ANA CA 92704

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: CHRISTINA REGINA PALME-KRIZAK**SECRETARY****04/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date