

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