

**2014 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            NELSON, STEVEN HALE  
Address        3100 LAKE CENTER DRIVE  
City-State-Zip: SANTA ANA CA 92704

Title            TREASURER  
Name            OBERRENDER, ROBERT WORTH  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

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

Title            ASSISTANT SECRETARY  
Name            HUNTLEY DILL, MICHELLE MARIE  
Address        9900 BREN RAOD 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: MICHELLE MARIE HUNTLEY DILL**

**ASSISTANT SECRETARY    04/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date