

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000870

Entity Name: ENVOLVE PEOPLECARE, INC.**Current Principal Place of Business:**7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105**Current Mailing Address:**7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105 US**FEI Number: 06-1476380****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T 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 CHIEF SCIENCE & PRODUCT
OFFICER
Name CORBETT, JEREMY
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER
Name BAIOCCHI, SARAH
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title PLAN CHIEF FINANCIAL OFFICER
Name VERRASTRO, GEORGE
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name ASHER, ANDREW
Address 8735 HENDERSON RD., REN1, 3RD FL
City-State-Zip: TAMPA FL 33634

Title VICE PRESIENT, TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title ASST. SECRETARY
Name BRADLEY-WELLS, KATHY
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title PRESIDENT, CEO, DIRECTOR
Name LAVELY, DAVID
Address 1151 FALLS ROAD
City-State-Zip: ROCKY MOUNT NC 27804

Title VP, SECRETARY, DIRECTOR
Name KOSTER, CHRISTOPHER A.
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Continues on page 2

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: TRICIA DINKELMAN**VP, TAX****05/01/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP
Name	BLOOM, KIRSTY
Address	1151 FALLS ROAD
City-State-Zip:	ROCKY MOUNT NC 27804