

**2023 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 VP, TAX  
Name DINKELMAN, TRICIA  
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 DIRECTOR  
Name BLOOM, KRISTY  
Address 1151 FALLS ROAD  
City-State-Zip: ROCKY MOUNT NC 27804

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

Title SECRETARY  
Name WILLIAMS, MARLO  
Address 1151 FALLS ROAD  
City-State-Zip: ROCKY MOUNT NC 27804

Title DIRECTOR  
Name GROVER, MICHAEL  
Address 1151 FALLS ROAD  
City-State-Zip: ROCKY MOUNT NC 27804

*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****VICE PRESIDENT, TAX****05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date