

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002117

**Entity Name:** AVKARE, INC.**Current Principal Place of Business:**615 NORTH FIRST STREET  
PULASKI, TN 38478**Current Mailing Address:**615 NORTH FIRST STREET  
PULASKI, TN 38478 US**FEI Number:** 20-8622803**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	DIRECTOR
Name	MIZELL, TROY A.
Address	615 NORTH FIRST STREET
City-State-Zip:	PULASKI TN 38478
Title	TREASURER / SECRETARY / DIRECTOR
Name	CALVERT, WALTER DARRELL
Address	615 NORTH FIRST STREET
City-State-Zip:	PULASKI TN 38478
Title	DIRECTOR
Name	SHIRLEY, JERRY
Address	615 NORTH FIRST STREET
City-State-Zip:	PULASKI TN 38478

Title	PRESIDENT / CEO
Name	MIZELL, TROY A.
Address	615 NORTH FIRST STREET
City-State-Zip:	PULASKI TN 38478
Title	VICE PRESIDENT / DIRECTOR
Name	SHIRLEY, STEVE
Address	615 NORTH FIRST STREET
City-State-Zip:	PULASKI TN 38478

*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:** TROY A. MIZELL**PRESIDENT / CEO****04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date