2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

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Entity Name: EVERCARE COLLABORATIVE SOLUTIONS, INC.

Current Principal Place of Business:

3141 NORTH THIRD AVENUE
PHOENIX, AZ 85013

New Principal Place of Business:

Current Mailing Address:

ANDRIA SCHWANZ
9900 BREN ROAD EAST
MINNETONKA, MN 55343

New Mailing Address:

3141 NORTH THIRD AVENUE
PHOENIX, AZ 85013

FEI Number: 86-0964571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D/P
Name: LARSEN, JOHN LAWRENCE
Address: 3141 NORTH THIRD AVENUE
City-St-Zip: PHOENIX, AZ 85013

Title: TREA
Name: OBERRENDER, ROBERT WORTH
Address: 3141 NORTH THIRD AVENUE
City-St-Zip: PHOENIX, AZ 85013

Title: SEC
Name: PALME-KRIZAK, CHRISTINA R
Address: 3141 NORTH THIRD AVENUE
City-St-Zip: PHOENIX, AZ 85013

Title: VP
Name: KELLY, JOHN WILLIAM
Address: 3141 NORTH THIRD AVENUE
City-St-Zip: PHOENIX, AZ 85013

Title: DIR
Name: MALONEY, JEFF WILLIAM
Address: 3141 NORTH THIRD AVENUE
City-St-Zip: PHOENIX, AZ 85013

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: MANDELINE HENDRICKS POA 03/30/2011

Electronic Signature of Signing Officer or Director Date