2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# F09000002911

Entity Name: EDCARE MANAGEMENT, INC.

Current Principal Place of Business:

300 S. PARK RD, STE 400
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

6400 ATLANTIC BLVD
ATTN: LEGAL DEPT
JACKSONVILLE, FL 32211

New Mailing Address:

1300 RIVERPLACE BLVD, STE 300
ATTN: LEGAL DEPT
JACKSONVILLE, FL 32207

FEI Number: 02-0596395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T 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: CEOD
Name: SCHILLINGER, JEFFREY
Address: 300 S. PARK RD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD
Name: SCHILLINGER, DAVID MD
Address: 300 S. PARK RD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: S
Name: GRECO-DESPARS, SUSAN
Address: 300 S. PARK RD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD
Name: CRASS, SARAH C.H.
Address: 1300 RIVERPLACE BLVD, STE 300
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPT
Name: CHUNN, PATRICK
Address: 300 S. PARK RD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

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: SARAH C.H. CRASS VP 04/02/2012

Electronic Signature of Signing Officer or Director — Date