

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L85718

FILED
Mar 22, 2010
Secretary of State

Entity Name: FUTURECARE SERVICES, INC.

Current Principal Place of Business:

33 N. CENTRAL AVE.
SUITE 317
MEDFORD, OR 97501

New Principal Place of Business:

Current Mailing Address:

33 N. CENTRAL AVE.
SUITE 317
MEDFORD, OR 97501

New Mailing Address:

FEI Number: 65-0210716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: SKIFF, THOMAS A
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: VPD
Name: PITBLADDO, RICHARD
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: VPD
Name: DINSMORE, MARK
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: VPAS
Name: SCHMEDLEN, DANIEL G JR.
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: T
Name: YOST, DAVID
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: S
Name: TAYLOR, NANCY
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

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: DAVID YOST

TREA

03/22/2010

Electronic Signature of Signing Officer or Director

Date