

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011180

FILED
Jan 21, 2010
Secretary of State

Entity Name: THE COUNCIL OF STATE HOME CARE ASSOCIATIONS, INC.

Current Principal Place of Business:

850 KALISTE SALOOM RD. STE. 123
LAFAYETTE, LA 70508

New Principal Place of Business:

Current Mailing Address:

850 KALISTE SALOOM RD., STE. 123
LAFAYETTE, LA 70508

New Mailing Address:

850 KALISTE SALOOM RD. STE. 123
LAFAYETTE, LA 70508

FEI Number: 20-3893134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOLLEY, BOBBY
1331 EAST LAFAYETTE ST., STE. C
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

OFFICERS AND DIRECTORS:

Title: VCHR
Name: KING, RUSS
Address: 5610 MEDICAL CIRCLE, SUITE 33
City-St-Zip: MADISON, WI 53719

Title: CHAR
Name: MYERS, SARAH
Address: 1249 COMMERCIAL STREET SE
City-St-Zip: SALEM, OR 93702

Title: SEC
Name: GOLSON, MELANIE
Address: P.O. BOX 3238
City-St-Zip: MONTGOMERY, AL 36109

Title: TREA
Name: BRADBERRY, ANITA
Address: 3737 EXEC. CENTER DR, #268
City-St-Zip: AUSTIN, TX 78731

Title: BDME
Name: HEBERT, WARREN P JR
Address: 850 KALISTE SALOOM ROAD, SUITE 123
City-St-Zip: LAFAYETTE, LA 70508

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WARREN P HEBERT JR

BDME

01/21/2010

Electronic Signature of Signing Officer or Director

Date