

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011180

FILED  
Jun 14, 2011  
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:**

**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:** BLUMENTHAL, CASEY  
**Address:** BOX 5119  
**City-St-Zip:** HELENA, MT 59604

**Title:** SEC  
**Name:** SCHANTZ, MARY  
**Address:** 2420 HYDE PARK, SUITE A  
**City-St-Zip:** JEFFERSON CITY, MO 65109

**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

06/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date