2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011180

FILED Mar 20, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: Name and Address of New Registered Agent:

LOLLEY, BOBBY 1331 EAST LAFAYETTE ST., STE. C TALLAHASSEE, FL 32301 US

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: BLUMENTHAL, CASEY

Address: BOX 5119

City-St-Zip: HELENA, MT 59604

Title: CHAR

Name: TETTERTON, MARCIA

Address: 8001 FRANKLIN FARMS DRIVE, SUITE 110

City-St-Zip: RICHMOND, VA 23229

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 03/20/2012