

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006420

FILED
Feb 21, 2007
Secretary of State

Entity Name: ELEOS-THE CARE NETWORK, INC.

Current Principal Place of Business:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3530423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUKILL, JIM
1067 WOODSON HAMMOCK CR
WINTER GARDEN, FL 34787 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: ED () Delete
Name: HUKILL, JIM
Address: 1067 WOODSON HAMMOCK CR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: TEWARI, ROJER
Address: 4449 LAKE CALABAY DR
City-St-Zip: ORLANDO, FL 32837

Title: S () Delete
Name: HUKILL, RHONETTE
Address: 1067 WOODSON HAMMOCK CR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: VCD () Delete
Name: THERESE, SMYNTEK
Address: 4700 MILLENIA BLVD SUITE 175
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: PENNY, HARRISON
Address: 2592 PITCH KETTLE RD
City-St-Zip: DOLPHIN, VA 23843

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GANDY, MARIA M
Address: 3331 KING GEORGE DRIVE
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JIM HUKILL

ED

02/21/2007

Electronic Signature of Signing Officer or Director

Date