

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2011
Secretary of State**

DOCUMENT# N98000006420

Entity Name: ELEOS-THE CARE NETWORK, INC.

Current Principal Place of Business:

4700 MILLENIA BLVD.
SUITE 175
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

4700 MILLENIA BLVD.
SUITE 175
ORLANDO, FL 32839 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
Name: HUKILL, JIM
Address: 1067 WOODSON HAMMOCK CR.
City-St-Zip: WINTER GARDEN, FL 34787

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

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

Title: D
Name: WILSON, WALT
Address: 1000 SEVILLE PLACE
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: PENNY, HARRISON
Address: 1137 HUGO DRIVE
City-St-Zip: SALISBURY, NC 28146

Title: D
Name: FEHNEL, TOM
Address: 772 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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: RHONETTE HUKILL

S

01/14/2011

Electronic Signature of Signing Officer or Director

_____ Date