

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018226

Entity Name: ELDER CARE SOLUTIONS, INC.

FILED
Apr 22, 2010
Secretary of State

Current Principal Place of Business:

5811 NE GULF STREAM WAY
SUITE #4008
STUART, FL 34996 US

New Principal Place of Business:

5481 SE NASSAU TERRACE
STUART, FL 34997 US

Current Mailing Address:

5811 NE GULF STREAM WAY
SUITE #4008
STUART, FL 34996 US

New Mailing Address:

5481 SE NASSAU TERRACE
STUART, FL 34997 US

FEI Number: 42-1580316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUREL COUCHMAN
5811 NE GULFSTREAM WAY
SUITE #4008
STUART, FL 34996 US

Name and Address of New Registered Agent:

LAUREL COUCHMAN
5481 SE NASSAU TERRACE
STUART, FL 34997 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:

04/22/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST
Name: COUCHMAN, LAUREL A
Address: 5481 SE NASSAU TERRACE
City-St-Zip: STUART, FL 34997

Title: VP
Name: COUCHMAN, JUSTIN E VICE PR
Address: 5481 SE NASSAU TERRACE
City-St-Zip: STUART, FL 34997 US

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

SIGNATURE: LAUREL COUCHMAN

PRES

04/22/2010

Electronic Signature of Signing Officer or Director

Date