

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724973

Entity Name: ELDER CARE SERVICES, INC.**Current Principal Place of Business:**2518 W TENNESSEE ST.
TALLAHASSEE, FL 32304**Current Mailing Address:**2518 W TENNESSEE ST.
TALLAHASSEE, FL 32304 US**FEI Number:** 59-1426079**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLIGER, JOCELYNE
2518 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304 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:** JOCELYNE FLIGER

04/06/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | PRESIDENT/CEO |
| Name | FLIGER, JOCELYNE |
| Address | 2518 W TENNESSEE ST. |
| City-State-Zip: | TALLAHASSEE FL 32304 |

| | |
|-----------------|----------------------|
| Title | VP |
| Name | HENDERSON, MICHAEL |
| Address | 2518 W TENNESSEE ST. |
| City-State-Zip: | TALLAHASSEE FL 32304 |

| | |
|-----------------|----------------------|
| Title | CFO |
| Name | BROOKINS, RAMONA |
| Address | 2518 W TENNESSEE ST. |
| City-State-Zip: | TALLAHASSEE FL 32304 |

| | |
|-----------------|------------------------|
| Title | BOARD CHAIR |
| Name | HEULER, VICTORIA |
| Address | 1677 MAHAN CENTER BLVD |
| City-State-Zip: | TALLAHASSEE FL 32308 |

| | |
|-----------------|----------------------|
| Title | BOARD VICE CHAIR |
| Name | FAVORS, ANITA |
| Address | 2985 MEDINAH COURT |
| City-State-Zip: | TALLAHASSEE FL 32312 |

| | |
|-----------------|------------------------|
| Title | BOARD TREASURER |
| Name | DAVIS, JAMES |
| Address | 1733 OLD PLANK ROAD |
| City-State-Zip: | CRAWFORDVILLE FL 32327 |

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: RAMONA BROOKINS

CFO

04/06/2022

Electronic Signature of Signing Officer/Director Detail

Date