

**2016 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:**BALDINO, MARK D  
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:** MARK D. BALDINO

03/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCEO  
Name BALDINO, MARK D  
Address 2518 W TENNESSEE ST.  
City-State-Zip: TALLAHASSEE FL 32304

Title CHAIRMAN  
Name PHELAN, WILLIAM J  
Address 612 FOREST LAIR  
City-State-Zip: TALLAHASSEE FL 32312

Title CFO  
Name GIACOBBE, LISA  
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 VC, SECRETARY  
Name WEEKS, LINDA (SUE)  
Address 8800 BIXLER TRAIL  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR OF DEVELOPMENT &  
COMMUNICATIONS  
Name BLACK, KRISTEN  
Address 2518 W TENNESSEE ST.  
City-State-Zip: TALLAHASSEE FL 32304

*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:** LISA GIACOBBE

CFO

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date