2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2013
Secretary of State
CC7629089827

DOCUMENT# N11000001820

Entity Name: CHAPTERS HEALTH SENIOR INDEPENDENCE, INC.

Current Principal Place of Business:

5102 W. LINEBAUGH AVENUE
TAMPA, FL 33624

Current Mailing Address:

12470 TELECOM DRIVE - SUITE 300 WEST
TEMPLE TERRACE, FL 33637

FEI Number: 27-5158323

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, KATHY L
12470 TELECOM DRIVE - SUITE 300 WEST
TEMPLE TERRACE, FL 33637 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, CHAIRMAN, PRESIDENT
Name	FERNANDEZ, KATHY L.
Address	12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR, SECRETARY
Name	MCMILLAN, SUSAN C. PHD
Address	5102 W. LINEBAUGH AVENUE
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR, COO
Name	LUTTON, ANDREW E.
Address	12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR, CCCO
Name	MADILL, PEGGY M.
Address	12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR, VC
Name	HALEY, WILLIAM E. PHD
Address	5102 W. LINEBAUGH AVENUE
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR
Name	LEAVENGOOD, VICTOR P.
Address	5102 W. LINEBAUGH AVENUE
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR, EXEC. DIR.
Name	BACKLUND, MICHELLE M.
Address	5102 W. LINEBAUGH AVENUE
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR, CFO
Name	O'NEIL, DAVID J.
Address	12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip:	TEMPLE TERRACE FL 33637

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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: DARRELL WHITE, ESQ. CHIEF LEGAL OFFICER 04/15/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, MEDICAL DIRECTOR
Name	PRATT, COLEMAN S. M.D.
Address	5102 W. LINEBAUGH AVENUE
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR, CHIEF LEGAL OFFICER
Name	WHITE, DARRELL ESQ.
Address	12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	DIRECTOR, CHIEF MEDICAL OFFICER
Name	SCHONWETTER, RONALD S. M.D.
Address	12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	ASST. SECRETARY
Name	EATON, GAYLE E.
Address	12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip:	TEMPLE TERRACE FL 33637