

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006420

**Entity Name:** ELEOS-THE CARE NETWORK, INC.**Current Principal Place of Business:**611 BUSINESS PARK BLVD,  
SUITE 105  
WINTER GARDEN, FL 34787**Current Mailing Address:**PO BOX 770607  
WINTER GARDEN, FL 34777 US**FEI Number:** 59-3530423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUKILL, JIM  
1067 WOODSON HAMMOCK CR  
WINTER GARDEN, FL 34787 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 ED  
Name HUKILL, JIM  
Address 1067 WOODSON HAMMOCK CR.  
City-State-Zip: WINTER GARDEN FL 34787

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

Title DIRECTOR  
Name RYCHWALSKI, DAVE  
Address 1371 WESTBEND DRIVE  
O'FALLON  
City-State-Zip: MO FL 63368

Title TREASURER  
Name MOYNIHAN, KERRY  
Address 330 APOPKA ST  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name ROWE, JODI  
Address 2013 DALECROFT TRAIL  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR  
Name HANSEN, SHARI  
Address 772 WHOOPING CRANE CT  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name MITCHELL, SHARLINA  
Address 308 MAPLE GROVE AVE  
City-State-Zip: COLONIAL HEIGHTS VA 23834

Title PRESIDENT  
Name LEWANDOWSKI, MIKE  
Address 2040 TILLMAN AVE  
City-State-Zip: WINTER GARDEN FL 34787

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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:** RHONETTE R HUKILL**DIRECTOR****01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name HORNE, CHANDA  
Address PO BOX 770192  
City-State-Zip: WINTER GARDEN FL 34777

Title DIRECTOR  
Name AUSTIN, ARTHUR  
Address 822 BAINBRIDGE LOOP  
City-State-Zip: WINTER GARDEN FL 34787