

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006420

Entity Name: ELEOS-THE CARE NETWORK, INC.**Current Principal Place of Business:**1067 WOODSON HAMMOCK CIRCLE
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	S
Name	HUKILL, RHONETTE
Address	1067 WOODSON HAMMOCK CR.
City-State-Zip:	WINTER GARDEN FL 34787

Title	D
Name	PENNY, HARRISON
Address	1137 HUGO DRIVE
City-State-Zip:	SALISBURY NC 28146

Title	D
Name	FEHNEL, TOM
Address	772 BEAR CREEK CIRCLE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIRECTOR
Name	ALLEN, GINGER
Address	2125 TALL OAKS DR
City-State-Zip:	WINTER GARDEN FL 34787

Title	DIRECTOR
Name	TAYLOR, LINDA M
Address	PO BOX 813
City-State-Zip:	GOLDENROD FL 32733

Title	DIRECTOR
Name	PHILLIPS, TERRANCE
Address	2735 GRASSMOOR LOOP
City-State-Zip:	APOPKA FL 32712

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 HUKILL**SECRETARY****01/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date