

2020 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	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	DIRECTOR
Name	ALLEN, GINGER
Address	2125 TALL OAKS DR
City-State-Zip:	WINTER GARDEN FL 34787

Title	DIRECTOR
Name	SACCO-BENE, CHRISTINE
Address	940 NOLA DRIVE
City-State-Zip:	OCOE FL 34761

Title	PRESIDENT
Name	GRIFFITH, SHANNON
Address	15034 SAWGRASS BLUFF DRIVE
City-State-Zip:	WINTER GARDEN FL 34787

Title	DIRECTOR
Name	CLARK, TY
Address	540 CRANES WAY APT 210
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	BENSON, DAVE
Address	PO BOX 3132
City-State-Zip:	ORLANDO FL 32802

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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 HUKILL**OPERATIONS MANAGER** 01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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