

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033238

Entity Name: U.S. CARE MANAGEMENT, INC.**Current Principal Place of Business:**12724 GRAN BAY PKWY WEST STE 150
JACKSONVILLE, FL 32258**Current Mailing Address:**12724 GRAN BAY PKWY WEST STE 150
JACKSONVILLE, FL 32258 US**FEI Number:** 59-3443703**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMPSON, LOGAN J
12724 GRAN BAY PKWY STE 150
JACKSONVILLE, FL 32258 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:** LOGAN J. THOMPSON

02/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name DUMOND, DONALD M
Address 12740 GRAN BAY PARKWAY WEST
STE 2400
City-State-Zip: JACKSONVILLE FL 32258

Title CHIEF SALES & MARKETING OFFICER
Name HELFRICH, SCOTT
Address 12724 GRAN BAY PKWY WEST STE
150
City-State-Zip: JACKSONVILLE FL 32258

Title CHAIRMAN
Name UNDERWOOD, DAVID M JR.
Address 12740 GRAN BAY PARKWAY WEST
STE 2400
City-State-Zip: JACKSONVILLE FL 32258

Title COO
Name EVANS, JIM
Address 12724 GRAN BAY PKWY WEST STE
150
City-State-Zip: JACKSONVILLE FL 32258

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD M. DUMOND

CFO

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date