

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030588

**Entity Name:** EDCARE CONSULTING, LLC

**Current Principal Place of Business:**

200 CORPORATE BLVD  
LAFAYETTE, LA 70508

**Current Mailing Address:**

ATTN: ENTITY MANAGEMENT  
200 CORPORATE BLVD  
LAFAYETTE, LA 70508 US

**FEI Number:** 20-8668750

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SCHILLINGER, DAVID MD  
Address        200 CORPORATE BLVD  
City-State-Zip: LAFAYETTE LA 70508

Title           MANAGER  
Name           CRASS, SARAH  
Address        200 CORPORATE BLVD  
City-State-Zip: LAFAYETTE LA 70508

Title           MANAGER  
Name           COTTAM, RENA  
Address        200 CORPORATE BLVD  
City-State-Zip: LAFAYETTE LA 70508

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARAH CRASS

**MANAGER**

**02/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date