## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

737797

(1)

CIRCLI	ES OF CARE, INC.							
Principal Plac	e of Business	Mailing Address			A HERAID TRUDO IIIII ARAM HORAR ARAL	f 460) OIDH BION BION		1 <b>0</b> /0/0 1300
400 EAST SHERIDAN ROAD 400 EAST SHERIDAN ROAD MELBOURNE FL 32901 MELBOURNE FL 32901-3122								
					3. Date Incorporated or Qualified 01/11/1977	3a. Date of 01/2	Last Rep 25/1996	xort <b>6</b>
2. Principal Place of Business 2a. Mailing Address 26			**************************************		4. FEI Number 59-1101553	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	A	.75 Ad Fee Requ	
City & Stat	e	City & State			6. Election Campaign Financing	7	<del>5.00</del> м	1
23		28	T 0		Trust Fund Contribution		dded to	
Zip	Country 25	Zip	Country 30		This corporation has liability for Florida Statutes	r intangible tax u ☐ Yes ☐ No		99.032,
24	9. Name and Address of Curre	29 nt Registerød Agent	1301		10. Name and Address of New R			
			<b>B1</b> N	ame				
WHITAKER, JAMES B.				reet Addres	ss (P.O. Box Number is Not Accepts	able)		
400 EAST SHERIDAN ROAD			82 St	reet Addres	ss (F.O. Box Number is Not Accepte			
MELBOURNE FL 32901			83					
			<b>84</b> C	ity		FL 85	Zip Co	xde
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statul	tes, the above na	med corpo	ration submits this statement for the	purpose of chan	ging its r	registered
office or r agent 1 a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 617.0503, Fl	authorized by the orida Statutes.	corporatio	in's board of directors. I hereby acco	apt the appointm	ant as re	gistered
SIGNATURE								
12.	Signature, typed or printed name of registered ag	ent and title if applicable (NOT ND DIRECTORS	E: Registered Agent sig	gnature required	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	PACTORS	IN 12
TITLE	CD	DELETE	1.1 TITLE	CD	ADDITIONO/OFFIANTALO TO OFF			Addition
NAME	CELIO, ALBERT D	_	1.2 NAME		ce, Phyllis			_
STREET ADDRESS	400 E SHERIDAN RD		1.3 STREET ADD		de, rhyllis D East Sheridan Road	a		i
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY - ST - Z#		lbourne FL			
TITLE	VD	X DELETE	2.1 TITLE	VD	LUUGI IIIG PL	[ <b>X</b> ] 0	hange	☐ Addition
NAME	RICE, PHYLLIS		2.2 NAME	1	ans, Hugh M. Jr.			
STREET ADDRESS			2.3 STREET ADD		400 E. Sheridan Road			
CITY - ST - ZIP	MELBOURNE FL	···	2. 4 CITY - ST - ZI	D I	bourne, FL			
TITLE	P	☐ DELETE	3.1 TITLE	1	iboarne, il		hange	Addition
NAME	WHITAKER, JAMES B.		3.2 NAME					
STREET ADDRESS	400 E. SHERIDAN ROAD		3.3 STREET ADD	RESS				
CITY-ST-ZIP	MELBOURNE FL	DELETE	3.4. CITY-ST-ZI	P				Addition
TITLE	AL DIAM DAME I	DELETE	4.1 TITLE			L.J (	hange	Addition
NAME ATOSST ASSOCIA	FELDMAN, DAVID L. 400 E.SHERIDAN ROAD		4. 2 NAME	DC00				
STREET ADDRESS	MELBOURNE FL.		4.3 STREET ADD	ĺ				
CITY-ST-ZIP TITLE	S S	<b>₩</b> DELETE	4.4 CITY-ST-ZIF 5.1 TITLE	s7	D	<b>12</b> 1 c	hange	Addition
NAME	BARNHART, MARY ELLEN	KE OCILIE	5.1 TRLE 5.2 NAME	1 .	rman, Seymour	LED O	เนาเมือ	
STREET ADDRESS	400 E. SHERIDAN ROAD		5.3 STREET ADD		0 East Sheridan Roa	ıd		ļ
CHTY-ST-ZIP	MELBOURNE FL		5.4 City-\$t-Zii	I	lbourne, FL	-		
TITLE	D	DELETE	6.1 TITLE	110	LOUBLING EN		hange	Addition
NAME	BRYANT, BETTIE		6.2 NAME		•			
STREET ADDRESS	2190 MELALEUCA DR		6.3 STREET ADO	RESS				

14. I do hereby certify that the information supplied with this filing coes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report it true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or further empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with a address.

SIGNATURE:

CITY-ST-ZIP

MERRITT ISLAND FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLLAR DELEGATION DEL

407/984=4900 Daytime Phone # 0018421

**FILED** 

Jan 17 1997 8:00am

Secretary of State