


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # 755977</b>  |  |                                   |   |
| 1. Entity Name<br><b>VERSACARE, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>702 S. WASHBURN AVE.<br/>CORONA CA 91720<br/>US</b>   |  | Mailing Address<br><b>702 S. WASHBURN AVE.<br/>CORONA CA 91720<br/>US</b>   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 4. FEI Number<br><b>33-0052434</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |   |
| <b>BROWN, GEORGE W<br/>2711 N. POMELO AVE.<br/>AVON PARK FL 33825</b>   |  | Name  |   |
|   |  | Street Address (P.O. Box Number is Not Acceptable)  |   |
|   |  | City  | FL Zip Code   |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |  |   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>   |  |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
|   |  | <b>Make Check Payable to Florida Department of State</b>  |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PVC<br/>COY, ROBERT E.<br/>201 LEASON COVE DR<br/>LUSBY MD 20657</b> <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>00000465244<br/>03/22/06-80028-008 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>HANSON, CALVIN J<br/>3502 FAIRWAY DR<br/>CAMERON PARK FL 95682</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>C<br/>SANDEFUR, CHARLES C<br/>12501 OLD COLUMBIA PIKE<br/>SILVER SPRING MD 20904-6600</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>BRODERSEN, ELLEN H.<br/>92 N LIBERTY ST<br/>HARRISONBURG VA 22801</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BROWN, GEORGE W<br/>2711 NORTH POMELO DRIVE<br/>AVON PARK FL 33013</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>MACOMBER, ROBERT D<br/>5408 PEACOCK LANE<br/>RIVERSIDE CA 92505</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **President** **3/10/06** **951-736-6909**