

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 08:00 AM
Secretary of State



DOCUMENT # 755977

1. Entity Name

VERSACARE, INC.

Principal Place of Business

702 S. WASHBURN AVE.
 CORONA CA 91720
 US

Mailing Address

702 S. WASHBURN AVE.
 CORONA CA 91720
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0052434

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

BROWN, GEORGE W
2711 N. POMELO AVE.
AVON PARK FL 33825

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PVC	COY, ROBERT E.	201 LEASON COVE DR	LUSBY MD 20657	<input type="checkbox"/>
S	HANSON, CALVIN J	3502 FAIRWAY DR	CAMERON PARK FL 95682	<input type="checkbox"/>
C	SANDEFUR, CHARLES C	12501 OLD COLUMBIA PIKE	SILVER SPRING MD 20904-6600	<input type="checkbox"/>
T	BRODERSEN, ELLEN H.	92 N LIBERTY ST	HARRISONBURG VA 22801	<input type="checkbox"/>
D	BROWN, GEORGE W	2711 NORTH POMELO DRIVE	AVON PARK FL 33013	<input type="checkbox"/>
D	MACOMBER, ROBERT D	5408 PEACOCK LANE	RIVERSIDE CA 92505	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

U00000677195
 03/30/07-80095-007 61.25

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:

Robert E. Coy, J.D., Pres/ViceChair

3/19/07

957-736-6909