FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737797 (1)

1. Corporation Name
CIRCLES OF CARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
400 EAST SHERIDAN ROAD MELBOURNE FL 32901	400 EAST SHERIDAN ROAD MELBOURNE FL 32901

3. Date Incorporated or Qualified: 01/11/1977
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1101553 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WHITAKER, JAMES B.
400 EAST SHERIDAN ROAD
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	CELIO, ALBERT D	1.2 NAME	Celio, Albert D	
STREET ADDRESS	400 E SHERIDAN RD	1.3 STREET ADDRESS	400 E. Sheridan Road	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901-3184	
TITLE	CD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SIGMON R KEITH	2.2 NAME	Phyllis Rice	
STREET ADDRESS	905 CHENEY HIGHWAY	2.3 STREET ADDRESS	400 E. Sheridan Road	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901-3184	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITAKER, JAMES B.	3.2 NAME		
STREET ADDRESS	400 E. SHERIDAN ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	VT	4.1 TITLE		☐ Change ☐ Addition
NAME	FELDMAN, DAVID L.	4.2 NAME		
STREET ADDRESS	400 E.SHERIDAN ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNHART, MARY ELLEN	5.2 NAME		
STREET ADDRESS	400 E. SHERIDAN ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, BETTIE	6.2 NAME		
STREET ADDRESS	2190 MELALEUCA DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ellen Barnhart Mary Ellen Barnhart 01/12/95 407/722-5220
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Corporate Secretary

0031147