## 2002 UNIFORM BUSINESS REPORT (UBR)

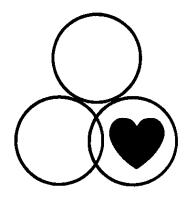
changed, or on an attachment

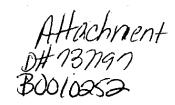
SIGNATURE:

#### Jan 25, 2002 8:00 am **DOCUMENT # 7377.97** Secretary of State 1. Entity Name CIRCLES OF CARE, INC. 01-25-2002 90025 049 \*\*\*\*70.00 Principal Place of Business Mailing Address 400 EAST SHERIDAN ROAD 400 EAST SHERIDAN ROAD PCZNIAAA MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1101553 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITAKER, JAMES B. Street Address (P.O. Box Number is Not Acceptable) **400 EAST SHERIDAN ROAD** MELBOURNE FL 32901 Zip Code FL 8.4 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE Change ☐ Addition JONES-FRANCEY, DARCIA NAME NAME **400 EAST SHERIDAN ROAD** STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE Addition Change MADDEN, JOAN NAME NAME 400 EAST SHERIDAN ROAD STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32901** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE Addition WHITAKER, JAMES B. NAME NAME STREET ADDRESS 400 E. SHERIDAN ROAD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-7iP TITLE ☐ Delete ☐ Change Addition feldman, david L. NAME 400 E.SHERIDAN ROAD STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition BARRY L HENSEL, PH.D. NAME NAME 400 E. SHERIDAN ROAD STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition BRYANT, BETTIE NAME NAME 2190 MELALEUCA DR STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32952** CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED

¶Whitaker, President 1/7/02 (321) 984-4900 Daytime Phone #





# Circles of Care

400 East Sheridan Road Melbourne, Florida 32901

### Your Choice for Behavioral Healthcare Services

#### **BOARD OF DIRECTORS** 1 JULY 2001-30 JUNE 2002

**CHAIRMAN** 

DARCIA JONES-FRANCEY Community Volunteer

\*Post Office Box 360843 Melbourne, FL 32936-0843

254-3340 (R)

**VICE CHAIRMAN** 

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Community Volunteer

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GEORGE KAMBOURELIS

ALBERT C. MARTIN

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PHYLLIS RICE

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