2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737797

FILED Jan 02, 2008 Secretary of State

Entity Name: CIRCLES OF CARE, INC.

Current Principal Place of Business: New Principal Place of Business: 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901 FEI Number: 59-1101553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITAKER, JAMES B WHITAKER, JAMES B 400 EAST SHERIDAN ROAD 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901 MELBOURNE, FL 32901 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. SIGNATURE: JAMES B. WHITAKER 01/02/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CD () Delete () Change () Addition WEAVER, JOHN J Name: Name: 400 EAST SHERIDAN ROAD Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: VD Title: () Delete () Change () Addition ROBERTS, CHARLES J Name: Name: Address: 400 EAST SHERIDAN ROAD Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: (X) Change () Addition WHITAKER, JAMES B., Name: WHITAKER, JAMES B Name: 400 E. SHERIDAN ROAD Address: Address: 400 E. SHERIDAN ROAD City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901 Title: VΤ () Delete Title: (X) Change () Addition Name: FELDMAN, DAVID L.. Name: FELDMAN, DAVID L 400 E.SHERIDAN ROAD Address: Address: 400 E.SHERIDAN ROAD City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901 Title: () Delete Title: () Change () Addition BARRY L HENSEL, PH.D. Name: Name: 400 E. SHERIDAN ROAD Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: () Change () Addition ALLENDER, JERRY ESQ. Name: Name: Address: 118 COUNTRY CLUB DRIVE Address: TITUSVILLE, FL 32780 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B. WHITAKER P 01/02/2008