

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 764812

1. Entity Name
MEDIVAN HEALTH AND COMMUNITY SERVICES, INC.



Principal Place of Business

5101 NW 21ST AVENUE
#510
FT. LAUDERDALE, FL 33309 US

Mailing Address

5101 NW 21ST AVENUE
#510
FT. LAUDERDALE, FL 33309 US



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2236796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRE, PAMELA
5101 NW 21ST AVE, #510
FORT LAUDERDALE, FL 33309

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IN THIS SPACE**

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

Pamela Carre, EXECUTIVE DIRECTOR

01-17-08

(Signature, typed or printed name of registered agent and fee if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ACEVEDO, JEAN
STREET ADDRESS	711 GOLF COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	PD
NAME	JAMES-FRANCES, MAXINE
STREET ADDRESS	200 N.W. 7TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	SHAPIRO, BEVERLY
STREET ADDRESS	7383 ORANGEWOOD LANE, #301
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SDV
NAME	KUBLIN, MICHAEL
STREET ADDRESS	5804 MULBERRY DRIVE
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	D
NAME	PETERSON, CYNTHIA
STREET ADDRESS	5101 NW 21ST AVE., #440
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000796191

01/29/08-80023-003 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Cynthia Peterson Cynthia Peterson

Date

Daytime Phone #

954-

1-17-08

714-9772