2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 737797

Entity Name: CIRCLES OF CARE, INC.

Current Principal Place of Business:

400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1101553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	WEAVER, JOHN J	
Address:	400 EAST SHERIDAN ROAD	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	VD	( ) Delete
Name:	ROBERTS, CHARLES J	
Address:	400 EAST SHERIDAN ROAD	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	P	( ) Delete
Name:	WHITAKER, JAMES B	
Address:	400 E. SHERIDAN ROAD	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	VT	( ) Delete
Name:	FELDMAN, DAVID L	
Address:	400 E.SHERIDAN ROAD	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	S	( ) Delete
Name:	BARRY L HENSEL, PH.D.	
Address:	400 E. SHERIDAN ROAD	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	D	( ) Delete
Name:	ALLENDER, JERRY ESQ	
Address:	118 COUNTRY CLUB DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CD	(X) Change ( ) Addition
Name:	ROBERTS, CHARLES J	
Address:	400 EAST SHERIDAN ROAD	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	VD	(X) Change ( ) Addition
Name:	GREENWADE, ELLA	
Address:	400 EAST SHERIDAN ROAD	
City-St-Zip:	MELBOURNE, FL 32901	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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 01/05/2009

Electronic Signature of Signing Officer or Director — Date