

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737797

Entity Name: CIRCLES OF CARE, INC.**Current Principal Place of Business:**400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901**Current Mailing Address:**400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901**FEI Number:** 59-1101553**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WHITAKER, JAMES B
400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901 US*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**Officer/Director Detail :**

Title	CD
Name	ALLENDER, JERRY W.
Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	VD
Name	STARK, JOHN K.
Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	P
Name	WHITAKER, JAMES B
Address	400 E. SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	VT
Name	FELDMAN, DAVID L
Address	400 E.SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	S
Name	BARRY L HENSEL, PH.D.
Address	400 E. SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	D
Name	FETTROW, BRENDA
Address	65 STONE STREET
City-State-Zip:	COCOA FL 32922

I hereby 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 all other like empowered.

SIGNATURE: JAMES B. WHITAKER**PRESIDENT****01/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date