

2016 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 HARRIS, DEWEY
Address 400 EAST 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 D
Name FETTROW, BRENDA
Address 65 STONE STREET
City-State-Zip: COCOA FL 32922

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

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

Title DIRECTOR
Name HIGGS, NANCY
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Continues on page 2

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 & CEO****01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JACKSON, NEIL M
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name JONES-FRANCEY, DARCIA
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name KENKEL, MARY BETH PHD
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name MADDEN, JOAN E
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name ROBERTS, CHARLES J
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name SMITH, JOE LEE
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name WIDERMAN, SCOTT
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name JONES, ALICE M PHD
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name KAMBOURELIS, GEORGE
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name LIGHTLE, BRIAN L
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name MASSON, JACK S
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name SALONEN, ROBERT E
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name IVEY, ROBERT W
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name GREENWADE, ELLA
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901