

**2015 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

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*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****01/08/2015**

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