DOCUMENT# 737797	Sec
Entity Name: CIRCLES OF CARE, INC.	22
Current Principal Place of Business:	

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

400 EAST SHERIDAN ROAD MELBOURNE, FL 32901

REPORT

# **Current Mailing Address:**

400 EAST SHERIDAN ROAD MELBOURNE, FL 32901

### FEI Number: 59-1101553

#### Name and Address of Current Registered Agent:

FELDMAN, DAVID L 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901 US Certificate of Status Desired: Yes

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	: DAVID L. FELDMAN			03/11/2022
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	DIRECTOR	Title	PRESIDENT	
Name	HARRIS, DEWEY	Name	FELDMAN, DAVID L	
Address	400 EAST SHERIDAN ROAD	Address	400 E.SHERIDAN ROAD	
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901	
Title	S	Title	D	
Name	BARRY L HENSEL, PH.D.	Name	FETTROW, BRENDA	
Address	400 E. SHERIDAN ROAD	Address	65 STONE STREET	
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	COCOA FL 32922	
Title	DIRECTOR	Title	DIRECTOR	
Name	ALLENDER, JERRY W.	Name	HESHMATI, HEIDAR PHD	
Address	400 EAST SHERIDAN ROAD	Address	400 EAST SHERIDAN ROAD	
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901	
Title	DIRECTOR	Title	DIRECTOR	
Name	JACKSON, NEIL M	Name	JONES, ALICE M PHD	
Address	400 EAST SHERIDAN ROAD	Address	400 EAST SHERIDAN ROAD	
City-State-Zip:	MELBOURNE FL 32901	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	: DAVID L. FELDMAN	PRESIDENT	03/11/2022
	Electronic Signature of Signing Officer/Director Detail		Date

**FILED** Mar 11, 2022 cretary of State 273823880CC

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	JONES-FRANCEY, DARCIA	Name	KAMBOURELIS, GEORGE
Address	400 EAST SHERIDAN ROAD	Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR	Title	CHAIRMAN
Name	LIGHTLE, BRIAN L	Name	MASSON, JACK S
Address	400 EAST SHERIDAN ROAD	Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR	Title	DIRECTOR
Name	ROBERTS, CHARLES J	Name	SALONEN, ROBERT E
Address	400 EAST SHERIDAN ROAD	Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
		Title	DIRECTOR
Title	DIRECTOR	Name	WIDERMAN, SCOTT
Name	IVEY, ROBERT W	Address	400 EAST SHERIDAN ROAD
Address	400 EAST SHERIDAN ROAD		MELBOURNE FL 32901
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELDOURNE FL 32901
Title	TREASURER	Title	DIRECTOR
Name	VINTROUX, WILLIAM	Name	LAID, RICHARD
Address	400 EAST SHERIDAN ROAD	Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
		Title	DIRECTOR
Title	DIRECTOR	Name	PICKETT, ANDREW
Name	GLOVER, BENJAMIN	Address	400 EAST SHERIDAN ROAD
Address	400 EAST SHERIDAN ROAD	City-State-Zip:	MELBOURNE FL 32901
City-State-Zip:	MELBOURNE FL 32901		
Title	DIRECTOR PURCHASING OFFICER		
Name	WATERS, JR., RICHARD		
Address	400 EAST SHERIDAN ROAD		
City-State-Zip:	MELBOURNE FL 32901		