

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726004

FILED
Apr 22, 2003
Secretary of State

Entity Name: COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

Current Principal Place of Business:

3500 W COLONIAL DR
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

3500 W COLONIAL DR
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-1371754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDY, W. MARVIN, III
LANDMARK CENTER TWO
STE 450, 225 E. ROBINSON ST.
ORLANDO, FL 32802 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: VCD () Delete
Name: ALLEN-THOMA, CATHERINE
Address: 8701 ELLESMERE PL
City-St-Zip: ORLANDO, FL 32836

Title: CD () Delete
Name: MARLIN, CHRIS
Address: 130 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: MD () Delete
Name: FRANK, PATRICIA
Address: 5958 WALLACE DRIVE
City-St-Zip: ORLANDO, FL 32807

Title: TD () Delete
Name: LEARY, BILL
Address: 1115 E. LIVINGSTON STREET
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: DUKES, DOROTHY
Address: 108 SOUTH ORTMAN DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: ALLEN-THOMA, CATHERINE
Address: 8701 ELLESMERE PL
City-St-Zip: ORLANDO, FL 32836

Title: VCD (X) Change () Addition
Name: CURTIS, CATHERINE
Address: 1010 N. ORLANDO AVENUE SUITE -A
City-St-Zip: WINTER PARK, FL 32789

Title: MD (X) Change () Addition
Name: FRANK, PATRICIA E
Address: 5958 WALLACE DRIVE
City-St-Zip: ORLANDO, FL 32807

Title: TD (X) Change () Addition
Name: PRYOR, DEE ANNA
Address: 1031 W. MORSE BLVD SUITE- 200
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: WILEY, SHARON
Address: 4882 S. SEMORAN BLVD UNIT - 1401
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA E. FRANK

MD

04/22/2003

Electronic Signature of Signing Officer or Director

Date