

# 2004 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN 27 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                         |  |
|-----------------------------------------|--|
| DOCUMENT # 737797                       |  |
| 1. Entity Name<br>CIRCLES OF CARE, INC. |  |



|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>400 EAST SHERIDAN ROAD<br>MELBOURNE, FL 32901 | Mailing Address<br>400 EAST SHERIDAN ROAD<br>MELBOURNE, FL 32901 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



☐ CHECK HERE IF MAKING CHANGES

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1101553 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |                                |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------------|

|                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>WHITAKER, JAMES B.<br>400 EAST SHERIDAN ROAD<br>MELBOURNE, FL 32901 |  |
|----------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when certifying)

|                                                 |                                                                                                              |                                                   |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| FILE NOW: FEE IS \$81.25 Initial or Amended UBR | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | VD <input type="checkbox"/> Delete |
| NAME                       | JACKSON, NEIL M                    |
| STREET ADDRESS             | 400 EAST SHERIDAN ROAD             |
| CITY-STATE-ZIP             | MELBOURNE, FL 32901                |
| TITLE                      | CD <input type="checkbox"/> Delete |
| NAME                       | MADDEN, JOAN                       |
| STREET ADDRESS             | 400 EAST SHERIDAN ROAD             |
| CITY-STATE-ZIP             | MELBOURNE, FL 32901                |
| TITLE                      | P <input type="checkbox"/> Delete  |
| NAME                       | WHITAKER, JAMES B.                 |
| STREET ADDRESS             | 400 E. SHERIDAN ROAD               |
| CITY-STATE-ZIP             | MELBOURNE, FL 32901                |
| TITLE                      | VT <input type="checkbox"/> Delete |
| NAME                       | FELDMAN, DAVID L.                  |
| STREET ADDRESS             | 400 E. SHERIDAN ROAD               |
| CITY-STATE-ZIP             | MELBOURNE, FL 32901                |
| TITLE                      | S <input type="checkbox"/> Delete  |
| NAME                       | BARRY L HENSEL, PH.D.              |
| STREET ADDRESS             | 400 E. SHERIDAN ROAD               |
| CITY-STATE-ZIP             | MELBOURNE, FL 32901                |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | BRYANT, BETTIE                     |
| STREET ADDRESS             | 2190 MELALEUCA DR                  |
| CITY-STATE-ZIP             | MERRITT ISLAND, FL 32952           |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  | 200027873392                                                                 |
| STREET ADDRESS                                        | 01/29/04--01033--015 **70.00                                                 |
| CITY-STATE-ZIP                                        |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-STATE-ZIP                                        |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-STATE-ZIP                                        |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-STATE-ZIP                                        |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                  | D Jerry Allender, Esq.                                                       |
| STREET ADDRESS                                        | 118 Country Club Drive                                                       |
| CITY-STATE-ZIP                                        | Titusville FL 32780                                                          |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James B. Whitaker JAMES B. Whitaker, President & CEO 1/6/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E037 (10/02)

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|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 7. Name: Berman, Seymour<br>Address: 207 Rose Drive<br>City, State, and Zip: Cocoa Beach FL 32931                    | Title: Director<br>Phone: 321/783-6131<br>Salaried: N |
| 8. Name: Bockman, Sam<br>Address: 6505 North U.S. 1<br>City, State, and Zip: Melbourne FL 32940                      | Title: Director<br>Phone: 321/259-5080<br>Salaried: N |
| 9 Name: D'Albora, Noretta<br>Address: 9 River Ridge Drive<br>City, State, and Zip: Rockledge FL 32955                | Title: Director<br>Phone: 321/636-4642<br>Salaried: N |
| 10 Name: Evans, Hugh, Jr.<br>Address:-1682 West-Hibiscus-Boulevard--<br>City, State and Zip: Melbourne FL 32901      | Title: Director<br>Phone:-321/727-1000<br>Salaried: N |
| 11. Name: Forbes, Barry<br>Address: 1300 Babcock Street<br>City, State and Zip: Melbourne FL 32901                   | Title: Director<br>Phone: 321/723-7489<br>Salaried: N |
| 12. Name: Greenwade, Ella<br>Address: 3225 Birdsong Court<br>City, State and Zip: Melbourne FL 32934                 | Title: Director<br>Phone: 321/259-8215<br>Salaried: N |
| 13. Name: Harris, Dewey<br>Address: 976 Brevard Avenue, Suite A<br>City, State and Zip: Rockledge FL 32955           | Title: Director<br>Phone: 321/433-1191<br>Salaried: N |
| 14. Name: Heshmati, Dr. Heidar<br>Address: 2575 N. Courtenay Parkway<br>City, State and Zip: Merritt Island FL 32953 | Title: Director<br>Phone: 321/454-7111<br>Salaried: N |
| 15. Name: Jones, Dr. Alice<br>Address: 2501 D SandTrap Lane<br>City, State and Zip: Melbourne FL 32935               | Title: Director<br>Phone: 321/544-3496<br>Salaried: N |
| 16. Name: Jones-Francey, Darcia<br>Address: P.O. Box 360843<br>City, State and Zip: Melbourne FL 32936-0843          | Title: Director<br>Phone: 321/254-3340<br>Salaried: N |
| 17. Name: Kambourelis, George<br>Address: 3343 Cloudberry Place<br>City, State and Zip: Melbourne FL 32940           | Title: Director<br>Phone: 321/259-6396<br>Salaried: N |
| 18. Name: Kenkel, Dr. Mary Beth<br>Address: 150 West University Boulevard<br>City, State and Zip: Melbourne Fl 32901 | Title: Director<br>Phone: 321/674-8142<br>Salaried: N |

19. Name: Masson, Jack Title: Director  
Address: 2725 Judge Fran Jamieson Way Phone: 321/633-2046  
City, State and Zip: Viera FL 32940 Salaried: N
20. Name: Pavlakos, Debra Title: Director  
Address: 100 South Sykes Creek Parkway Phone: 321/639-5296  
City, State and Zip: Merritt Island FL 32952 Salaried: N
21. Name: Rice, Phyllis Title: Director  
Address: 100 Riverside Drive, #904 Phone: 321/632-5016  
City, State and Zip: Cocoa FL 32922 Salaried: N
22. Name: Roberts, Charles Title: Director  
Address: 1241 South Florida Avenue Phone: 321/638-2002  
City, State and Zip: Rockledge FL 32955 Salaried: N
23. Name: Salonen, Robert Title: Director  
Address: 1698 B West Hibiscus Boulevard Phone: 321/676-3200  
City, State and Zip: Melbourne FL 32901 Salaried: N
24. Name: Smith, Dr. Joe Lee Title: Director  
Address: 918 Levitt Parkway Phone: 321/636-2166  
City, State and Zip: Rockledge FL 32955 Salaried: N
25. Name: Weaver, John Title: Director  
Address: 8550 Astronaut Boulevard, USK-012 Phone: 321/861-3544  
City, State and Zip: Cape Canaveral FL 32920 Salaried: N
26. Name: Alvarez, Jose Title: Chief of Medical Staff  
Address: 400 East Sheridan Road Phone: 321/984-4900  
City, State, and Zip: Melbourne FL 32901-3184 Salaried: Yes
27. Name: Baxter, Sharon Title: Director of Nursing  
Address: 400 East Sheridan Road Phone: 321/984-4900  
City, State, and Zip: Melbourne FL 32901-3184 Salaried: Yes
28. Name: Linda Brannon Title: Human Resources Director  
Address: 400 East Sheridan Road Phone: 321/722-5250  
City, State, and Zip: Melbourne FL 32901-3184 Salaried: Yes