

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 737797 1. Entity Name CIRCLES OF CARE, INC.	
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Principal Place of Business 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901	Mailing Address 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901
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01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1101553	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITAKER, JAMES B. 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACKSON, NEIL M 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, JOHN J 400 EAST SHERIDAN ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITAKER, JAMES B. 400 E. SHERIDAN ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FELDMAN, DAVID L. 400 E. SHERIDAN ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY L HENSEL, PH.D. 400 E. SHERIDAN ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLENDER, JERRY ESQ 118 COUNTRY CLUB DRIVE TITUSVILLE, FL 32780

U00000380273
01/11/06-80007-013 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/02/2006 321/984-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #