2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# 737797

Entity Name: CIRCLES OF CARE, INC.

Current Principal Place of Business:

400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1101553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITAKER, JAMES B
400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901 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: CD
Name: GREENWADE, ELLA A
Address: 400 EAST SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: VD
Name: ALLENDER, JERRY W
Address: 400 EAST SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: P
Name: WHITAKER, JAMES B
Address: 400 E. SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: VT
Name: FELDMAN, DAVID L
Address: 400 E.SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: S
Name: BARRY L HENSEL, PH.D.
Address: 400 E. SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: EVANS, HUGH M JR.
Address: 1682 WEST HIBISCUS BOULEVARD
City-St-Zip: MELBOURNE, FL 32901

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 PRES 01/03/2011

Electronic Signature of Signing Officer or Director — Date