2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 18, 2005 8:00 am **Secretary of State DOCUMENT # 755977** 1. Entity Name 02-18-2005 90062 017 ****61.25 VERSACARE, INC. Principal Place of Business Mailing Address 702 S. WASHBURN AVE. 702 S. WASHBURN AVE. CORONA CA 91720 CORONA CA 91720 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 33-0052434 Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 2711 N. POMELO AVE. **AVON PARK FL 33825** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change ☐ Addition COY, ROBERT E. NAME 201 LEASON COVE DR STREET ADDRESS STREET ADDRESS **LUSBY MD 20657** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HANSON, CALVIN J NAME Hanson, Calvin J. NAME 3502 FAIRWAY DR STREET ADDRESS STREET ADDRESS 3502 Fatiway Drive SHINGLE SPRINGS CA 95682 CITY-ST-7IP CITY-ST-ZIP Cameron Park, CA 95682 TITLE . ._ ☐ Delete TITLE Change -- Addition SANDEFUR, CHARLES C NAME 12501 OLD COLUMBIA PIKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SILVER SPRING MD 20904-6600 CHY-ST-7/P ☐ Delete TITLE ☐ Change Addition BRODERSEN, ELLEN H. NAME 92 N LIBERTY ST STREET ADDRESS STREET ADDRESS HARRISONBURG VA 22801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition BROWN, GEORGE W NAME NAME 2711 NORTH POMELO DRIVE STREET ADDRESS STREET ADDRESS AVON PARK FL 33013 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MACOMBER, ROBERT D NAME 5408 PEACOCK LANE STREET ADDRESS STREET ADDRESS RIVERSIDE CA 92505 CITY-ST-ZIP CITY-ST-7IP 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 photovered.

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/14/05

Date

951-736-6909

Daytirne Phone #

FILED