

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91101 030 ***61.25

DOCUMENT # 755977

1. Entity Name

VERSACARE, INC.



Principal Place of Business

**702 S. WASHBURN AVE.
CORONA CA 91720
US**

Mailing Address

**702 S. WASHBURN AVE.
CORONA CA 91720
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

92882

Country

Zip

92882

Country

4. FEI Number **33-0052434**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, GEORGE W
2711 N. POMELO AVE.
AVON PARK FL 33825**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PVC** ☐ Delete
NAME **COY, ROBERT E.**
STREET ADDRESS **201 LEASON COVE DR**
CITY-ST-ZIP **LUSBY MD 20657**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HANSON, CALVIN J**
STREET ADDRESS **5336 PEACOCK LANE**
CITY-ST-ZIP **RIVERSIDE CA 92505**

TITLE **S** ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **3502 Fairway Drive**
CITY-ST-ZIP **Cameron Park, CA-95682**

TITLE **C** ☐ Delete
NAME **SANDEFUR, CHARLES C**
STREET ADDRESS **12501 OLD COLUMBIA PIKE**
CITY-ST-ZIP **SILVER SPRING MD 20904-6800**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BRODERSEN, ELLEN H.**
STREET ADDRESS **92 N LIBERTY ST**
CITY-ST-ZIP **HARRISONBURG VA 22801**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BROWN, GEORGE W**
STREET ADDRESS **2711 NORTH POMELO DRIVE**
CITY-ST-ZIP **AVON PARK FL 33013**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MACOMBER, ROBERT D**
STREET ADDRESS **5408 PEACOCK LANE**
CITY-ST-ZIP **RIVERSIDE CA 92505**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 it 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Coy, J.D. 2/7/03 909-736-6909

Date

Daytime Phone #

CR2E037 (10/02)