

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 763909

FILED
Mar 12, 2003
Secretary of State

Entity Name: BIG PINE COMMUNITY CARE, INC.

Current Principal Place of Business:

1220 WILLIS AVENUE
DAYTONA BEACH, FL 321142810

New Principal Place of Business:

Current Mailing Address:

1220 WILLIS AVENUE
DAYTONA BEACH, FL 321142810

New Mailing Address:

FEI Number: 59-2201208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, JUDSON I JR
1020 INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

SIMPSON, SCOTT S ESQ.
595 W. GRANADA BLVD.
A
ORMOND BEACH, FL 32174 US

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: SCOTT E. SIMPSON

03/12/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENEDICT, JOSEPH
Address: P.O. BOX 10809
City-St-Zip: DAYTONA BEACH, FL 32120

Title: PD () Delete
Name: DIXON, JACK
Address: 269 WESTHAMPTON DR.
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: CRANE, CHERYL
Address: P O BOX 5176
City-St-Zip: ORMOND BEACH, FL 32175

Title: VD () Delete
Name: VAUGHEN, DANIEL
Address: P O BOX 364
City-St-Zip: DELAND, FL 32721

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ELDER, LESLIE
Address: P.O. BOX 353527
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Change () Addition
Name: DIXON, JACK
Address: 269 WESTHAMPTON DR.
City-St-Zip: PALM COAST, FL 32164

Title: VD (X) Change () Addition
Name: CRANE, CHERYL C
Address: P O BOX 5176
City-St-Zip: ORMOND BEACH, FL 32175

Title: PD (X) Change () Addition
Name: VAUGHEN, DANIEL
Address: P O BOX 364
City-St-Zip: DELAND, FL 32721

Title: D () Change (X) Addition
Name: KELLY, THOMAS
Address: 89 S. ATLANTIC AVE, #1004
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHERYL C CRANE

VD

03/12/2003

Electronic Signature of Signing Officer or Director

Date