


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90069 017 \*\*\*\*70.00

<b>DOCUMENT # 764812</b> 1. Entity Name MEDIVAN HEALTH AND COMMUNITY SERVICES, INC.					
Principal Place of Business 5101 NW 21ST AVENUE #510 FT. LAUDERDALE, FL 33309 US			Mailing Address 5101 NW 21ST AVENUE #510 FT. LAUDERDALE, FL 33309 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2236796	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AZZOLE, NANCY M 5101 NW 21ST AVENUE SUITE 510 FT. LAUDERDALE, FL 33309					
7. Name and Address of New Registered Agent Name <u>CLIFFORD S. GELBER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2201 NW 30TH PLACE</u> City <u>POMPANO BEACH</u> <u>FL</u> Zip Code <u>33069</u>					
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 <u><i>Clifford S. Gelber</i></u> DATE <u>1/9/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAMES-FRANCIS, MAXINE 200 NW 7TH AVE FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, CYNTHIA 5101 NW 21ST AVE 440 FT LAUDERDALE, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHAPIRO, BEVERLY 7383 ORANGEWOOD LANE BOCA RATON, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON-COOPER, LOUREN 4862 CHARDONNAY DR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACEVEDO, JEAN 711 GOLF CT DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, EVELYN 2698 OAKMONT FT. LAUDERDALE, FL <input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TREASURER CLIFFORD GELBER 2201 NW 30TH PLACE POMPANO BEACH FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 empowered.					
SIGNATURE: <u><i>Clifford S. Gelber, Treasurer</i></u> DATE <u>1/9/04</u> 954 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					