

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90009 010 ****70.00

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DOCUMENT # 764812 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. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2236796				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GELBER, CLIFFORD S 2201 NW 30TH PLACE POMPAÑO BEACH, FL 33069			7. Name and Address of New Registered Agent Name Sharon F. Ross Street Address (P.O. Box Number is Not Acceptable) 5101 NW 21st Avenue, #510. City Fort Lauderdale FL Zip Code 33309		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent not use if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Sharon F. Ross <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 23 May 2005 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 7, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GELBER, CLIFFORD 2201 NW 30TH PLACE POMPAÑO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Perling, Lester One Financial Plaza, Suite 2700 FT Lauderdale, FL 33394	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, CYNTHIA 5101 NW 21ST AVE 440 FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D James-Francis, Maxine 200 NW 7th Avenue FT Lauderdale, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHAPIRO, BEVERLY 7383 ORANGEWOOD LANE BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Rechtschaffer, Candy 5500 NW 69th Avenue Lauderhill, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON-COOPER, LOUREN 4862 CHARDONNAY DR CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Feiler, Ellen 780 SW 24th Street FT Lauderdale, FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACEVEDO, JEAN 711 GOLF CT DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peterson, Cynthia 5101 NW 21st Avenue, #440 FT Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, EVELYN 2698 OAKMONT FT. LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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, without other like empowered.					
SIGNATURE:			Cynthia Peterson		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 23 May 2005 <small>Daytime Phone #</small> 954-714-9772		