

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2236796

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

ROSS, SHARON F
5101 NW 21ST AVE, #510
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

9. 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 *Sharon Ross, EXECUTIVE DIRECTOR*

1-11-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE TD
NAME PERING, LESTER
STREET ADDRESS ONE FINACIAL PLAZA., SUITE 2700
CITY-ST-ZIP FORT LAUDERDALE, FL 33394

TITLE VPD
NAME JAMES-FRANCES, MAXINE
STREET ADDRESS 200 FNW 7TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE PD
NAME RECHTSCHAFER, CANDY
STREET ADDRESS 5500 NW 69TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE SD
NAME FEILER, ELLEN
STREET ADDRESS 780 SW 24TH ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE D
NAME PETERSON, CYNTHIA
STREET ADDRESS 5101 NW 21ST AVE., #440
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE D
NAME GLASSER, EVELYN
STREET ADDRESS 2698 OAKMONT
CITY-ST-ZIP FT. LAUDERDALE, FL

1000000390049
01/23/06-80009-022 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Hope C. Rechtschaffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 954-735-9019
DATE **Daytime Phone #**