

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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

FILED

07 APR 30 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2236796

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CARRE, PAMELA
5101 NW 21ST AVE, #510
FORT LAUDERDALE, FL 33309

Name **CARRE PAMELA**
Street Address (P.O. Box Number is Not Acceptable)
5101 NW 21ST AVE. #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.

SIGNATURE *Pamela Carre* **Pamela Carre, Executive Director** **4/25/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE **SD** ☐ Change ☒ Addition
NAME **Emilio MAICAS**
STREET ADDRESS **1400 West Commercial Blvd.**
CITY-ST-ZIP **Fort Lauderdale, FL 33309 #165**

TITLE PD ☐ Delete
NAME JAMES-FRANCES, MAXINE
STREET ADDRESS 200 N.W. 7TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition
NAME **900103133039**
STREET ADDRESS **05/24/07--01013--017 **70.00**
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHAPIRO, BEVERLY
STREET ADDRESS 7383 ORANGEWOOD LANE, #301
CITY-ST-ZIP BOCA RATON, FL 33433

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

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

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

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

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

TITLE VD ☐ Delete
NAME KUBLIN, MICHAEL
STREET ADDRESS 5804 MULBERRY DRIVE
CITY-ST-ZIP TAMARAC, FL 33319

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

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: *Cynthia S. Peterson, D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia S. Peterson

4-26-07 954-714-9772

Date

Daytime Phone #

K. Eckel MAY - 8 2007