2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

07 NOV -2 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LD 11.6.07

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2236796 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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 Carré, Executive Director 10-17-07

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

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

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

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

TITLE	SD	☒ Delete
NAME	Maicas, Emilio	
STREET ADDRESS	1400 West Commercial Blvd.	
CITY-ST-ZIP	Fort Lauderdale, Fl. 33309	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD/VD	☒ Change	Addition
NAME	Kublin, Michael		
STREET ADDRESS	5804 Mulberry Drive		
CITY-ST-ZIP	Tamarac, Fl. 33319		

TITLE	TD	☐ Change	☒ Addition
NAME	Acevedo, Jean		
STREET ADDRESS	711 Golf Court		
CITY-ST-ZIP	Delray Beach, Fl. 33445		

TITLE	☐ Change	☐ Addition
NAME	500112080195	
STREET ADDRESS	11/07/07--01040--009 **61.25	
CITY-ST-ZIP		

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

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

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 10-17-07 954-735-9019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #