

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 20, 2011**  
**Secretary of State**

DOCUMENT# N01000006569

**Entity Name:** COMMUNITY BASED CARE OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**117 E LAKE MARY BLVD  
SANFORD, FL 32773 US**New Principal Place of Business:**4001 PELEE STREET  
SUITE 200  
ORLANDO, FL 32817 US**Current Mailing Address:**117 E LAKE MARY BLVD  
SANFORD, FL 32773 US**New Mailing Address:**4001 PELEE STREET  
SUITE 200  
ORLANDO, FL 32817 US**FEI Number:** 01-0631375**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CASEL, GLEN  
117 E LAKE MARY BLVD  
SANFORD, FL 32773 US**Name and Address of New Registered Agent:**CASEL, GLEN  
4001 PELEE STREET  
SUITE 200  
ORLANDO, FL 32817 US

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.

SIGNATURE:

06/20/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: S/D  
Name: BEACHAM, KIP  
Address: 3315 RED ASH CIRCLE  
City-St-Zip: OVIEDO, FL 32766 US

Title: C/D  
Name: GILL, JOHN  
Address: 1212 BURNING TREE LN.  
City-St-Zip: WINTER PARK, FL 32792 US

Title: O  
Name: CASEL, GLEN  
Address: 2981 WASSUM TR  
City-St-Zip: CHULUOTA, FL 32766 US

Title: D  
Name: NESWOLD, MICHAEL  
Address: 5391 LAKE BLUFF TER.  
City-St-Zip: SANFORD, FL 32773 US

Title: D  
Name: SKEATES, CORYDON  
Address: 2570 WILD TAMARIND BLVD.  
City-St-Zip: ORLANDO, FL 32828 US

Title: D  
Name: WENTWORTH, OWEN  
Address: 300 LONESOME PINE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLEN CASEL

CEO

06/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date