2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90212 042 ****61.25

DOCUMENT # N02000002213

1. Entity Name
COMMUNITY BASED CARE OF MID-FLORIDA, INC.

Principal Place of Business	Mailing Address
1485 SOUTH SEMORAN BLVD. SUITE 1448 WINTER PARK, FL 32792	1485 SOUTH SEMORAN BLVD. SUITE 1448 WINTER PARK, FL 32792

01302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
315 SE 2nd AVENUE Suite, Apt. #, etc.	315 SE 2nd AVENUE Suite, Apt. #, etc.
City & State: GAINESVILLE FL	City & State: GAINESVILLE FL
Zip: 32601 Country: U.S.	Zip: 32601 Country: U.S.

4. FEI Number: 03-0423150 ☐ Applied For ☐ Not Applicable

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
PATRICK, JAMES 1485 SOUTH SEMORAN BLVD. SUITE 1448 WINTER PARK, FL 32792	Name: STEVEN MURPHY Street Address (P.O. Box Number is Not Acceptable): 315 SE 2nd STREET City: GAINESVILLE FL Zip Code: 32601

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 _____ 4/28/2004
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, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAIR DEMARK, DIANE 1485 SOUTH SEMORAN BLVD. #1448 WINTER PARK, FL 32792	☐ Delete	VICE CHAIR LOU BOCCABELLA 311 S SECOND STREET FT. PIERCE FL 34950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIETBRINK, LUCINDA 3027 SAN DIEGO RD. JACKSONVILLE, FL 32207	☑ Delete	D JOANN PRISCO 311 S SECOND STREET FT PIERCE FL 34950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, SHELLY 605 NE 1ST STREET GAINESVILLE, FL 32601	☐ Delete	D ELIZABETH PELLEGRIND 311 S SECOND STREET FT PIERCE FL 34950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICK, JAMES 1485 S SEMORAN BLVD SUITE 1448 GAINESVILLE FL 32601	☐ Delete ADD ✓	D JAMES WINTERS 4310 SW 13TH STREET GAINESVILLE FL 32608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T MARGARITA LABARTA 4310 SW 13th STREET GAINESVILLE FL 32608	☐ Delete ADD ✓	D ROSALYN SLATER 2211 NW 25TH STREET GAINESVILLE FL 32605	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIZABETH J. DOBBIN 414 NW 91st STREET GAINESVILLE FL 32607	☐ Delete ADD ✓	D DR MARYANNA HOVEY 5200 W UNIVERSITY AVE Suite E-2 GAINESVILLE FL 32607	☐ Change ☑ 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, with all other like empowered.

SIGNATURE: _____, Chairman 4/27/04 352-397-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIANE DEMARK