NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT# \ \CQCOCCOCQQQQQ

FILED Jun 26, 2006 8:00 am Secretary of State

1. Entity Name BIG BEND COMMUNITY BASED CARE, INC.				06-26-2006 90002 028 ****70.00		
	DO NOT WRITE	E IN THIS SE	PACE			
2. Principal I 525 N	Place of Business MLK BLVD.	3. Mailing Address 525 N. MLK	BLVD.	* 0000073		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4 000969773 THIS SPACE		
City & Sta		City & State		4. FEI Number	Applied For	
TALLAI Zip	HASSEE, FLORIDA Country	TALLAHASSEE	C, FLORIDA Country	03-0423156	Not Applicable \$8.75 Additional	
32301	USA	32301	USA	Certificate of Status Desired Name and Address of Current Register	Fee Required	
			Name	ins, Mike	au rigetik	
	- DO NOT W	/RITE		Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SE	PACE	525	N MIK Blad		
			525 N. MLK Blvd. City TALLAHASSEE, FL Zip Cooe 32301			
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 obligat	tions of registered agent.				1	
SIGNATURE.						
	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature required	when reinstating) DATE		
	FEE IS \$61 25 Initial or Amended UBR	9. Election Camp Trust Fund Co			ck Payable to : irtment of State	
10.						
	OFFICERS AND DI	RECTORS				
TITLE NAME	President	RECTORS	TILE = 5		17/03	
, name Street address	President Brandt, Nolia 1412 N. Randolp	h Circle	SAME SINEET ADDRESS		78 1200)	
NAME STREET ADDRESS CITY-ST-ZIP	President Brandt, Nolia 1412 N. Randolp Tallahassee, Fl	h Circle	SIREFADDIESS SITV SI-200		F037B	
NAME STREET ADDRESS CITY-ST-ZIP	President Brandt, Nolia 1412 N. Randolp Tallahassee, Fl Treasurer	h Circle orida 32312	SAME SINEET ADDRESS		CR2F037B (12/02)	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mike Watkins, CEO

6/23/06 850 410 1020