2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90161 022 ****61.25

DOCUMENT # N03395

1. Entity Name

CHARLEE FAMILY CARE SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
11875 HIGH TECH AVE STE 200 ORLANDO FL 32817 US	11875 HIGH TECH AVE STE 200 ORLANDO FL 32817 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2453833 ☐ 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
WARNER, JOHNNIE MAE 11875 HIGH TECH AVE STE 200 ORLANDO FL 32817	Name CYRIL SHEPPARD Street Address (P.O. Box Number is Not Acceptable) 11875 HIGH TECH AVENUE SUITE 200 City ORLANDO FL Zip Code 32817

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.

SIGNATURE Cyril Sheppard, PRESIDENT/CEO 2/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PRYOR, CHRISTY 644 RAYMOND AVENUE ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director JULIA CHATMAN Orange County Sheriff's Office 2400 W. 33rd Street, Orlando, FL 32839	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOFFERT, ALLAN 12150 RESEARCH PARKWAY ORLANDO FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Greg Gagliardi 2661 Diamond Club Drive Clermont, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WARNER, JONNIE MAE 11875 HIGH TECH AVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHEPPARD, CYRIL 1538 TRUMBULL STREET KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, SHARON 5162 TELLSONN PLACE ORLANDO FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANISTER, DEB 2121 CAMDEN RD ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Cyril Sheppard PRESIDENT/CEO 2/25/02 407-273-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #