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

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

DO NOT WRITE IN THIS SPACE

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: DST NAME: PRYOR, CHRISTY STREET ADDRESS: 644 RAYMOND AVENUE CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE: DIRECTOR NAME: JULIA CHATMAN STREET ADDRESS: ORANGE COUNTY SHERIFF'S OFFICE CITY-ST-ZIP: 2400 W. 33rd STREET, ORLANDO, FL 32839	☐ Change ☒ Addition
TITLE: D NAME: LOFFERT, ALLAN STREET ADDRESS: 12150 RESEARCH PARKWAY CITY-ST-ZIP: ORLANDO FL 32826	☐ Delete	TITLE: DIRECTOR NAME: GREG GAGLIARDI STREET ADDRESS: 2661 DIAMOND CLUB DRIVE CITY-ST-ZIP: CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE: CD NAME: WARNER, JONNIE MAE STREET ADDRESS: 11875 HIGH TECH AVE CITY-ST-ZIP: ORLANDO FL	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DP NAME: SHEPPARD, CYRIL STREET ADDRESS: 1538 TRUMBULL STREET CITY-ST-ZIP: KISSIMMEE FL 34744	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: WRIGHT, SHARON STREET ADDRESS: 5162 TELLSONN PLACE CITY-ST-ZIP: ORLANDO FL 32812	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: BANISTER, DEB STREET ADDRESS: 2121 CAMDEN RD CITY-ST-ZIP: 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 #