2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/2/2004

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90066 033 ****70.00

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

01052004 Chg-NP CR2E037 (10/03)

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
SHEPPARD, CYRIL 11875 HIGH TECH AVE STE 200 ORLANDO, FL 32817	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 DST ☐ Delete NAME PRYOR, CHRISTY STREET ADDRESS 644 RAYMOND AVENUE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☐ Delete NAME LOFFERT, ALLAN STREET ADDRESS 12150 RESEARCH PARKWAY CITY-ST-ZIP ORLANDO, FL 32826		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE CD ☐ Delete NAME WARNER, JONNIE MAE STREET ADDRESS 11875 HIGH TECH AVE CITY-ST-ZIP ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DP ☐ Delete NAME SHEPPARD, CYRIL STREET ADDRESS 1538 TRUMBULL STREET CITY-ST-ZIP KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☐ Delete NAME CHATMAN, JULIA STREET ADDRESS 2400 WEST 33RD ST. CITY-ST-ZIP ORLANDO, FL 32839		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☒ Delete NAME GAGLIARDI, GREG STREET ADDRESS 2601 DIAMOND CLUB DR. CITY-ST-ZIP CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: _____ 1/5/03 407-273-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #