2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004179

Entity Name: THE LOGISTICARE FOUNDATION, INC.

FILED Jaņ 06, 2<u>00</u>5 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1640 PHOENIX BLVD, STE 200 1640 PHOENIX BLVD COLLEGE PARK, GA 30349

STE 200

COLLEGE PARK, GA 30349

Current Mailing Address: New Mailing Address:

1640 PHOENIX BLVD, STE 200 1640 PHOENIX BLVD.

STE 200 COLLEGE PARK, GA 30349

COLLEGE PARK, GA 30349

FEI Number: 57-1206005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANDY, JOSEPH P 12000 BISCAYNE BLVD STE 405 N MIAMI, FL 33181 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GASTON, M. CHINTA GASTON, M. CHINTA Name: Name:

400 E JEFFERSON Address: 400 E JEFFERSON Address:

City-St-Zip: CHARLOTTESVILLE, VA 22902 City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: () Delete Title: () Change () Addition

SHERMYEN, ANNE H Name: Name: Address: 11817 NW 122ND TERRACE Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

HANDY, JOSEPH P Name: HANDY, JOSEPH P Name:

12000 BISCAYNE BLVD, STE 405 12000 BISCAYNE BLVD, STE 405 Address: Address:

City-St-Zip: N MIAMI, FL 33181 City-St-Zip: N MIAMI, FL 331812725

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH HANDY Τ 01/06/2005