2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# N04000004179

Entity Name: THE LOGISTICARE FOUNDATION, INC.

Current Principal Place of Business:

1640 PHOENIX BLVD
STE 200
COLLEGE PARK, GA 30349

New Principal Place of Business:

Current Mailing Address:

1640 PHOENIX BLVD,
STE 200
COLLEGE PARK, GA 30349

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: GASTON, M. CHINTA
Address: 400 E JEFFERSON
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: D ( ) Delete
Name: SHERMYEN, ANNE H
Address: 11817 NW 122ND TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: T ( ) Delete
Name: HANDY, JOSEPH P
Address: 12000 BISCAYNE BLVD, STE 405
City-St-Zip: N MIAMI, FL 331812725

Title: P ( ) Delete
Name: TOWNE, DOUG
Address: 1640 PHOENIX BLVD. SUITE 200
City-St-Zip: COLLEGE PARK, GA 30349

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 P. HANDY MGR 03/08/2007

Electronic Signature of Signing Officer or Director — Date