FILED
Jun 24, 2005 8:00 am
Secretary of State
04-22-2005 90262 034 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010875

1. Entity Name
FLORIDA NON-MEDICAL CARE ASSOCIATION INC.

66023768

Principal Place of Business	Mailing Address
4625 10TH AVENUE NORTH LAKE WORTH, FL 33463	4625 10TH AVENUE NORTH LAKE WORTH, FL 33463

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO BOX 13089 Suite, Apt. #, etc.
City & State	City & State: Tallahassee FL
Zip / Country	Zip: 32317 / Country

02042005 Chg-NP CR2E037 (10/03)

4. FEI Number: 20-1755247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORANCE, DAVID H
2625 10TH AVENUE NORTH
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name: Robert Rhinehart
Street Address (P.O. Box Number is Not Acceptable)
644 Capitol Circle NE
City: Tallahassee FL Zip Code: 32301

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] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES FLORANCE, DAVID H 4625 10TH AVENUE NORTH LAKE WORTH, FL 33463	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COHEN, PAUL M 3859 NOVA ROAD, SUITE 26 PORT ORANGE, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES LOFTUS, DON G 2351 W. EAU GALLIE BLVD., SUITE 7 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: David Florance David Florance 2-8-05 561 357-9346

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #