

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # N21683

1. Entity Name
 COMMUNITY CARE, INC.

Principal Place of Business 321 FLORIDA AVE. FT. LAUDERDALE 33312	FL	Mailing Address 321 FLORIDA AVENUE FT. LAUDERDALE 33312	FL
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2. Principal Place of Business 321 FLORIDA AVE.	3. Mailing Address 321 FLORIDA AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
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Zip 33312	Country US	Zip 33312	Country US
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4. FEI Number 65-0037181	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHROT WILLIAM
 321 FLORIDA AVE.

 FT. LAUDERDALE FL
 33312 US

7. Name and Address of New Registered Agent

Name
 SCHROT WILLIAM
 Street Address (P.O. Box Number is Not Acceptable)
 321 FLORIDA AVE.

 City
 FT. LAUDERDALE FL Zip Code
 33312

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 _____ DATE **04/26/2001**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O CAROLE 6420 CROSSBOW CT DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNGMAN CHARLES T 1100 S ANDREWS AVE FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SCHROT WILLIAM 321 FLORIDA AVE. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERCE ELLIE 2119 N.E. 17TH AVE. WILTON MANORS FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL CAROLE 6420 CROSSBOW CT DAVIE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SCHROT WILLIAM 321 FLORIDA AVE. FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William Schrot p **04/26/2001**

CR2E037 (11/00)