

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N21683

FILED
Apr 30, 2003
Secretary of State

Entity Name: COMMUNITY CARE, INC.

Current Principal Place of Business:

321 FLORIDA AVE.
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

321 FLORIDA AVENUE
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0037181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROT, WILLIAM
321 FLORIDA AVE.
FT. LAUDERDALE, FL 33312 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: SD () Delete
Name: PIERCE, ELLIE
Address: 2119 N.E. 17TH AVE.
City-St-Zip: WILTON MANORS, FL 33305 US

Title: PDT () Delete
Name: SCHROT, WILLIAM
Address: 321 FLORIDA AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: VD () Delete
Name: YOUNGMAN, CHARLES T
Address: 1100 S ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL

Title: D (X) Delete
Name: O'DONNELL, CAROLE
Address: 6420 CROSSBOW CT
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PDT (X) Change () Addition
Name: SCHROT, WILLIAM
Address: 321 FLORIDA AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VD (X) Change () Addition
Name: YOUNGMAN, CHARLES T
Address: 974 SW 114 TERR.
City-St-Zip: DAVIE, FL 33325

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 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: WILLIAM SCHROT

P

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date