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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

561569 - 90089 - 36

DOCUMENT # N98000003962

1. Corporation Name
COMMUNICARE FAMILY LIFE CENTER INC.

Principal Place of Business	Mailing Address
17447 SW 36 STREEET MIRAMAR FL 33029	17447 SW 36 STREEET MIRAMAR FL 33029

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/06/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. EIN NUMBER 65-0919236 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOORE, LORETTA – Director 17447 SW 36 STREEET MIRAMAR FL 33029	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] President 4-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Vice-President ✓ Judith Nesbitt 1822 N.W. 58th Avenue Lauderhill, FL 33313 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary Eileen Nicholson 3510 S.W. 32nd Avenue Hollywood, FL 33023 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Assistant Secretary Catherine Brown 1325 N.W. 172nd Street Miami, FL 33147 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE D 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Phillis Davis 18000 N.W. 16th Street Pembroke Pines, FL 33029 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE D 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Loretta Moore, 17447 S.W. 36th Street Miramar, FL 33029 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-28-99 954-967-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #