

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90149 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003962

1. Corporation Name

COMMUNICARE FAMILY LIFE CENTER INC.

561569 - 90089 - 36

Principal Place of Business

17447 SW 36 STREET
MIRAMAR FL 33029

Mailing Address

17447 SW 36 STREET
MIRAMAR FL 33029

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/06/1998	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. EIN NUMBER	
22		27		65-0919236	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

MOORE, LORETTA - Director
17447 SW 36 STREET
MIRAMAR FL 33029

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

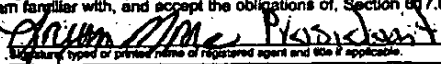
84 City

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



(NOTE: Registered Agent signature required when reappointing)

DATE

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

954-967-1300

CR2E037 (1/98)