# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2006**
**Secretary of State**

DOCUMENT# N98000003962

**Entity Name:** COMMUNICARE FAMILY LIFE SERVICES INC.

**Current Principal Place of Business:**

17447 SW 36 STREEET
MIRAMAR, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

17447 SW 36 STREEET
MIRAMAR, FL 33029 US

**New Mailing Address:**

**FEI Number: 65-0919236** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, LORETTA
17447 SW 36 STREEET
MIRAMAR, FL 33029 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: CD ( ) Delete
Name: BENTON-BROWN, NAOMI
Address: 1801 NW 26 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD ( ) Delete
Name: MULLINS, JOLENE
Address: 11431 NW 19 COURT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VCD ( ) Delete
Name: GAINES, MARIAN
Address: 660 NW 4TH COURT
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition
Name: JOHNSON, IRMA
Address: 4401 SW 22ND ST.
City-St-Zip: HOLLYWOOD, FL 33023

Title: SD (X) Change ( ) Addition
Name: MC CRAY, JOHNNIE
Address: 9048 NW 61 ST.
City-St-Zip: TA,ARACE, FL 33321

Title: VCD (X) Change ( ) Addition
Name: BOHLAR, DARRYLE
Address: 144 SEDGE FIELD CIRCLE
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LORETTA MOORE CEO 04/30/2006

Electronic Signature of Signing Officer or Director — Date