

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003962

FILED  
Apr 25, 2007  
Secretary of State

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: JOHNSON, IRMA  
Address: 4401 SW 22ND ST.  
City-St-Zip: HOLLYWOOD, FL 33023

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: BENTON- BROWN, NAOMI  
Address: 1801 NW 26 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33311 BR

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

Title: VCD (X) Change ( ) Addition  
Name: BROWN, JOANN  
Address: 1471 SW 5TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441 BR

Title: T ( ) Change (X) Addition  
Name: DAVIS, PHILLIS  
Address: 18000 NW 16 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 BR

Title: P/M ( ) Change (X) Addition  
Name: MOORE, LORETTA  
Address: 17447 SW 36 STREET  
City-St-Zip: MIRAMAR, FL 33029 BR

I hereby certify that the information supplied with this filing does not qualify 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

P/M

04/25/2007

Electronic Signature of Signing Officer or Director

Date