

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003962

FILED
Apr 28, 2008
Secretary of State

Entity Name: COMMUNICARE FAMILY LIFE SERVICES INC.

Current Principal Place of Business:

17447 SW 36 STREET
MIRAMAR, FL 33029 US

New Principal Place of Business:

2880 OAKLAND PARK BLVD.
SUITE 201
OAKLAND PARK, FL 33311 US

Current Mailing Address:

17447 SW 36 STREET
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 STREET
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

MOORE, LORETTA
17447 SW 36 STREET
MIRAMAR, FL 33029 US

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:

04/28/2008

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 BR

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: JOHNSON, IRMA
Address: 4105 SW 22 STREET
City-St-Zip: WEST PARK, FL 33023 BR

Title: SD (X) Change () Addition
Name: MCCRAY, JOHNNIE M
Address: 9048 NW 61 ST.
City-St-Zip: TAMARAC, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

RA

04/28/2008

Electronic Signature of Signing Officer or Director

Date