

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000010835

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** COMMUNITY CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

7999 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

7999 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 59-3295723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COOPER, MINTON F  
7999 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** COOPER, MINTON  
**Address:** 290 MARLIN PLACE  
**City-St-Zip:** MELBOURNE BEACH, FL

**Title:** VD  
**Name:** KERR, WILLIAM W IV  
**Address:** 325 5TH AVENUE, SUITE 208  
**City-St-Zip:** INDIATLANTIC, FL

**Title:** STD  
**Name:** WILLIAMS, MICHAEL H  
**Address:** 2287 W EAU GALLIE BLVD, SUITE A  
**City-St-Zip:** MELBOURNE, FL 32935

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MINTON F COOPER

PD

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date