

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086212

1. Entity Name
COMMUNICARE, INC.

Principal Place of Business
2141 POINCIANA TERR.
CLEARWATER FL 33760

Mailing Address
2141 POINCIANA TERR.
CLEARWATER FL 33760

2. Principal Place of Business
Communicare, Inc.

Suite, Apt. #, etc.
2769 Whitney Road

City & State
Clearwater, FL

Zip Country
33760 Pinellas

3. Mailing Address
Communicare, Inc.

Suite, Apt. #, etc.
2769 Whitney Road

City & State
Clearwater, FL

Zip Country
33760 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3601585**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KENNEDY, THOMAS J
2950 MAPLE TRACE
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **n/a**

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

City **FL** Zip Code

8. 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 **n/a**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☒

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KENNEDY, THOMAS J**
STREET ADDRESS **2950 MAPLE TR.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Vice-Pres./Treasurer/Sec.**
STREET ADDRESS **Philip Steven Wells**
CITY-ST-ZIP **236 Manley Road Wauchula, FL**

☐ Change ☒ Addition

TITLE
NAME **Vice-President**
STREET ADDRESS **Ronald Steele**
CITY-ST-ZIP **349 Banyan Drive Winter Haven, FL 33884**

☐ Change ☒ Addition

TITLE
NAME **Vice-President**
STREET ADDRESS **A. Neilson Galloway Jr. PhD**
CITY-ST-ZIP **3866 LaCosta Lane Clearwater, FL 33771**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THOMAS J KENNEDY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4624.01

Date

727.539.6723

Daytime Phone #

CR2E034 (10/00)

0367211

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90102 003 ***163.75