## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000086212

**Entity Name:** COMMUNICARE, INC.

FILED Mar 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2769 WHITNEY ROAD CLEARWATER, FL 33760

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 18020 CLEARWATER, FL 337628020

FEI Number: 59-3601585 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KENNEDY, THOMAS J 2950 MAPLE TRACE

TARPON SPRINGS, FL 34689 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:

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: ( ) Delete Title: (X) Change ( ) Addition

KENNEDY, THOMAS J KENNEDY, THOMAS J Name: Name: 2950 MAPLE TR. 2950 MAPLE TR. Address: Address:

City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689

**VPTS** Title: (X) Change ( ) Addition Title: () Delete WELLS, PHILLIP S Name: WELLS, PHILIP S Name:

4804 HAYRIDE CT. 4804 HAYRIDE CT. Address: Address: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition VΡ

STEELE, RONALD STEELE, RONALD Name: Name: 349 BANYAN DRIVE 9458 WATERFORD DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884

Title: () Delete Title: (X) Change ( ) Addition GALLOWAY, JR., PH.D, A NELSON GALLOWAY, JR., PH.D, A NEILSON Name: Name:

Address: 3866 LACOSTA LANE Address: 1200 COUNTRY CLUB DRIVE #4104 City-St-Zip: CLEARWATER, FL 33771 City-St-Zip: LARGO, FL 33771

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PHILLIP S. WELLS **PTS** 03/04/2005