

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003962

Entity Name: COMMUNICARE FAMILY LIFE SERVICES INC.**Current Principal Place of Business:**9050 PINES BLVD.
SUITE 370
PENBROKE PINES, FL 33025**Current Mailing Address:**17447 SW 36 ST.
MIRAMAR, FL 33029 US**FEI Number:** 65-0919236**Certificate of Status Desired:** No**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title CHAIRMAN
Name JOHNSON, IRMA
Address 4401 SW 22 STREET
City-State-Zip: WEST PARK FL 33023Title SECRETARY
Name COHEN, JOSEPH
Address 228 DIXIE DRIVE
City-State-Zip: TALLAHASSEE FL 32304Title TREASURER
Name BOHLER, DARRYL EUGENE
Address 9041 SPRUCE CREEK CIRCLE
City-State-Zip: RIVERVIEW, FL FL 33578Title CEO
Name MOORE, LORETTA
Address 17447 SW 36 STREET
City-State-Zip: MIRAMAR FL 33029Title VP
Name MOORE , BREANNA
Address 17447 SW 36 STREET
City-State-Zip: MIRAMAR FL 33029

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

SIGNATURE: MOORE LORETTA**REGISTERED AGENT****04/19/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date