

2020 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 33023

Title	SECRETARY
Name	FEATHERSTONE , CARLYCA
Address	14625 NW 5TH AVE
City-State-Zip:	MIAMI FL 33168

Title	TREASURER
Name	DAVIS, PHILLIS
Address	18000 NW 16TH STREET
City-State-Zip:	PEMBROKE PINES FL 33029

Title	CEO
Name	MOORE, LORETTA
Address	17447 SW 36 STREET
City-State-Zip:	MIRAMAR FL 33029

Title	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: LORETTA MOORE

CEO

02/24/2020

Electronic Signature of Signing Officer/Director Detail_____
Date