


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 025 ****70.00

DOCUMENT # F05000006529							
1. Entity Name ABC FAMILY CARE CLINIC, INC.							
Principal Place of Business 6015 FLORA TERRACE APOLLO BEACH, FL 33572-2603			Mailing Address 6015 FLORA TERRACE APOLLO BEACH, FL 33572-2603				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE			
				Applied For Not Applicable			
5. Certificate of Status Desired				5. Certificate of Status Desired			
				X \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
REV. DR. DAVID D'ALBANY 6015 FLORA TERRACE APOLLO BEACH, FL 33572-2603			Name				
			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	REV. DR. DAVID D'ALBANY		NAME				
STREET ADDRESS	6015 FLORA TERRACE		STREET ADDRESS				
CITY-ST-ZIP	APOLLO BEACH, FL 335722603		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ATTORNEY ANTHONY W. HART, J.D.		NAME				
STREET ADDRESS	24355 1/2 SAN FERNANDO ROAD		STREET ADDRESS				
CITY-ST-ZIP	NEWHALL, CA 91321		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SANTANA, CONRAD		NAME				
STREET ADDRESS	656 FLAMINGO DRIVE		STREET ADDRESS				
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JONES, EDWARD		NAME				
STREET ADDRESS	941 APOLLO BEACH BLVD.		STREET ADDRESS				
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>David D'Albany</i>		Date: <i>3/27/07</i>		Daytime Phone #: <i>(813) 645-1111</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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