

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22183

FILED  
Apr 02, 2011  
Secretary of State

Entity Name: ALTERNATE FAMILY CARE, INC.

**Current Principal Place of Business:**

10001 W OAKLAND PARK BLVD  
200  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

10001 W OAKLAND PARK BLVD  
200  
SUNRISE, FL 33351 US

**New Mailing Address:**

FEI Number: 59-2708404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMON, RONALD ST  
10540 LA REINA ROAD  
DELRAY BEACH, FL 334462725 US

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

SIMON, RONALD  
10540 LA REINA ROAD  
DELRAY BEACH, FL 334462725 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: RONALD SIMON

04/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FERGUSON, DAVID  
Address: 5311 NE 16TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33334

Title: ST  
Name: SIMON, RONALD  
Address: 10540 LAREINA RD  
City-St-Zip: DELRAY BEACH, FL 33446

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

SIGNATURE: RONALD SIMON

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04/02/2011

Electronic Signature of Signing Officer or Director

Date