

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015502

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORIDA FAMILY CARE, INC.

Current Principal Place of Business:

350 CAMINO GARDENS BOULEVARD
SUITE 301
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1500 UNIVERSITY DRIVE
SUITE 241
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 42-1574745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'TOOLE, LISA M
1500 UNIVERSITY DRIVE
SUITE 241
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'TOOLE, LISA M
Address: 1500 UNIVERSITY DRIVE, SUITE 241
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: O'TOOLE, LISA M
Address: 1500 UNIVERSITY DRIVE, SUITE 241
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S,T (X) Change () Addition
Name: O'TOOLE, LISA M
Address: 1500 UNIVERSITY DRIVE, SUITE 241
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Change (X) Addition
Name: O'TOOLE, KIERAN J
Address: 1500 UNIVERSITY DRIVE, SUITE 241
City-St-Zip: CORAL SPRINGS, FL 33071

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: LISA M. O'TOOLE

P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date