

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015502

Entity Name: FLORIDA FAMILY CARE, INC.

FILED  
Mar 17, 2011  
Secretary of State

**Current Principal Place of Business:**

441 S. STATE ROAD 7  
SUITE 5  
CORAL SPRINGS, FL 33068

**New Principal Place of Business:**

441 S. STATE ROAD 7  
SUITE 5  
MARGATE, FL 33068

**Current Mailing Address:**

5461 N UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

441 S. STATE ROAD 7  
SUITE 5  
MARGATE, FL 33068

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  
5461 N UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33067 US

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

O'TOOLE, LISA M  
441 S. STATE ROAD 7  
SUITE 5  
MARGATE, FL 33068 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

03/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: O'TOOLE, LISA M  
Address: 441 S. STATE ROAD 7, SUITE 5  
City-St-Zip: MARGATE, FL 33068

Title: S,T  
Name: O'TOOLE, LISA M  
Address: 441 S. STATE ROAD 7, SUITE 5  
City-St-Zip: MARGATE, FL 33068

Title: VP  
Name: O'TOOLE, KIERAN J  
Address: 441 S. STATE ROAD 7, SUITE 5  
City-St-Zip: MARGATE, FL 33068

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: LISA M. O'TOOLE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/17/2011

\_\_\_\_\_  
Date