

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015502

Entity Name: FLORIDA FAMILY CARE, INC.

FILED
May 03, 2012
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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

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

05/03/2012

_____ Date