


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000119602</b>	
1. Entity Name THE CENTER FOR FAMILY HEALTH CARE, INC.	

Principal Place of Business 5080 PGA BOULEVARD, SUITE 201 PALM BEACH GARDENS, FL 33418	Mailing Address P.O. BOX 30278 PALM BEACH GARDENS, FL 33420
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3536456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

JULIAN, JANE E  
 5457 NW 44TH WAY  
 COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEFRANCESCO, JOYCE 9354 SE KINGSLEY ST. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JULIAN, JANE 5457 NW 44TH WAY COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/25/07-80021-021 150.00

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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 607, 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: Joyce DeFrancesco 1/20/07 561-776-9963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #