

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007198

Entity Name: FAMILY HOME CARE FOR AUTISM, INC.

Current Principal Place of Business:

6444 LA COSTA DRIVE
#204
BOCA RATON, FL 33433

Current Mailing Address:

6444 LA COSTA DRIVE
#204
BOCA RATON, FL 33433

FEI Number: 46-0680352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRAMEDA, MARIA R
6444 LA COSTA DRIVE
#204
BOCA RATON, FL 33433 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

Date

Officer/Director Detail :

Title P
Name BARRAMEDA, ESTHER LM.D.
Address 141 ALCAZAR STREET
City-State-Zip: ROYAL PALM BEACH FL 33411

Title VP
Name FELIPE, REY
Address 9045 SADDLE CREEK DRIVE
City-State-Zip: BOCA RATON FL 33496

Title S
Name BARRAMEDA, MARIA R
Address 6444 LA COSTA DRIVE #204
City-State-Zip: BOCA RATON FL 33433

Title T
Name BASCO, BEN
Address 8950 SADDLE CREEK DRIVE
City-State-Zip: BOCA RATON FL 33496

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

SIGNATURE: MARIA ROSARIO BARRAMEDA

PRESIDENT

07/01/2020

Electronic Signature of Signing Officer/Director Detail

Date