

**2013 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:** Yes

**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 R. BARRAMEDA

**SECRETARY**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date