

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22183

Entity Name: ALTERNATE FAMILY CARE, INC.

Current Principal Place of Business:

10001 W OAKLAND PARK BLVD
200
SUNRISE, FL 33351

Current Mailing Address:

10001 W OAKLAND PARK BLVD
200
SUNRISE, FL 33351 US

FEI Number: 59-2708404

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMON, RONALD
10540 LA REINA ROAD
DELRAY BEACH, FL 33446-2725 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 PD
Name FERGUSON, DAVID
Address 5311 NE 16TH AVE
City-State-Zip: FT LAUDERDALE FL 33334

Title ST
Name SIMON, RONALD
Address 10540 LA REINA RD
City-State-Zip: DELRAY BEACH FL 33446

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: RONALD SIMON

SECRETARY

03/02/2014

Electronic Signature of Signing Officer/Director Detail

Date