

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000015502

**Entity Name:** FLORIDA FAMILY CARE, INC.

**Current Principal Place of Business:**

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

**FILED**  
**Jun 29, 2015**  
**Secretary of State**  
**CC3154000792**

**Current Mailing Address:**

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

**FEI Number:** 42-1574745

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'TOOLE, LISA M  
441 S. STATE ROAD 7  
SUITE 5  
MARGATE, FL 33068 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 O'TOOLE, LISA M  
Address 441 S. STATE ROAD 7, SUITE 5  
City-State-Zip: MARGATE FL 33068

Title S,T  
Name O'TOOLE, LISA M  
Address 441 S. STATE ROAD 7, SUITE 5  
City-State-Zip: MARGATE FL 33068

Title VP  
Name O'TOOLE, KIERAN J  
Address 441 S. STATE ROAD 7, SUITE 5  
City-State-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 O'TOOLE

**PRES.**

**06/29/2015**

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

\_\_\_\_\_  
Date