

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000015502

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

**Current Principal Place of Business:**

1707 N. STATE ROAD 7  
MARGATE, FL 33063

**Current Mailing Address:**

1707 N. STATE ROAD 7  
MARGATE, FL 33063 US

**FEI Number:** 42-1574745

**Certificate of Status Desired:** No

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

O'TOOLE, LISA M  
1707 N. STATE ROAD 7  
MARGATE, FL 33063 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 1707 N. STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

Title S, T  
Name O'TOOLE, LISA M  
Address 1707 N. STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

Title VP  
Name O'TOOLE, KIERAN J  
Address 1707 N. STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

*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 M. O'TOOLE

**PRES**

**01/16/2019**

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

\_\_\_\_\_  
Date