

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000039725

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

**Current Principal Place of Business:**

3717 DEL PRADO BLVD.  
6  
CAPE CORAL, FL 33904

**Current Mailing Address:**

3717 DEL PRADO BLVD.  
6  
CAPE CORAL, FL 33904 US

**FEI Number:** 56-2648976

**Certificate of Status Desired:** No

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

TORRES, ELBA  
627 NW 38TH PLLACE  
CAPE CORAL, FL 33993 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 TORRES, ELBA  
Address 627 NW 38 TH PL  
City-State-Zip: CAPE CORAL FL 33993

Title T  
Name TORRES, CLEVERT  
Address 627 NW 38TH PL.  
City-State-Zip: CAPE CORAL FL 33993

*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:** ELBA TORRES

**PRESIDENT**

**04/28/2015**

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

\_\_\_\_\_  
Date