

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000075155

**Entity Name:** FUNDAMENTAL CHILD CARE OF PALM COAST, INC.

**FILED**  
**Apr 03, 2014**  
**Secretary of State**  
**CC1637981131**

**Current Principal Place of Business:**

4892 N.W. PALM COAST PKWY  
C  
PALM COAST, FL 32137

**Current Mailing Address:**

2 CLOVERDALE CT. N.  
PALM COAST, FL 32137

**FEI Number: 59-3594052**

**Certificate of Status Desired: No**

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

BLUM, CHARLES  
4892 NW PALM COAST PKWY  
C  
PALM COAST, FL 32137 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 BLUM, CHARLES  
Address 4892 NW PALM COAST PKWY, STE C  
City-State-Zip: PALM COAST FL 32137

Title VD  
Name GRUSSGOTT, DAVID  
Address 4892 NW PALM COAST PKWY, STE C  
City-State-Zip: PALM COAST FL 32137

Title SD  
Name BLUM, ANITA  
Address 4892 PALM COAST PARKWAY, SUITE  
C  
City-State-Zip: PALM COAST FL 32137

*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: CHARLES BLUM**

**PRESIDENT**

**04/03/2014**

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

\_\_\_\_\_  
Date