

**2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F12000001353

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

**Current Principal Place of Business:**

200 OCEANGATE SUITE 100  
LONG BEACH, CA 90802

**Current Mailing Address:**

200 OCEANGATE SUITE 100  
LONG BEACH, CA 90802

**FEI Number:** 37-1652282

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT  
Name            CALDERON, GLORIA  
Address        200 OCEANGATE SUITE 100  
City-State-Zip: LONG BEACH CA 90802

Title            SECRETARY  
Name            BARLOW, JEFF D  
Address        300 UNIVERSITY AVE SUITE 100  
City-State-Zip: SACRAMENTO CA 95825

Title            CFO  
Name            WHITE, JOSEPH W  
Address        200 OCEANGATE SUITE 100  
City-State-Zip: LONG BEACH CA 90802

Title            DIRECTOR  
Name            ZARZA-GARRIDO, JOANN  
Address        200 OCEANGATE SUITE 100  
City-State-Zip: LONG BEACH CA 90802

Title            DIRECTOR  
Name            SANABIA, ZACK  
Address        887 E. SECOND STREET  
City-State-Zip: POMONA CA 91766

Title            DIRECTOR  
Name            PADRON, TINA  
Address        200 OCEANGATE SUITE 100  
City-State-Zip: LONG BEACH CA 90802

*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:** JEFF D. BARLOW

**SECRETARY**

**05/01/2014**

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

\_\_\_\_\_  
Date