

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752252

FILED  
Mar 05, 2006  
Secretary of State

Entity Name: AUTISTIC CARE, INC.

**Current Principal Place of Business:**

830 LAKESIDE DRIVE  
C/O LILLIAN CANTOR  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

830 LAKESIDE DRIVE  
C/O LILLIAN CANTOR  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 59-2009006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAIRNES, CHARLES W CPA  
1973 PGA BLVD  
SUITE C  
PALM BEACH GARDENS, FL 33408 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CANTOR, LILLIAN  
Address: 830 S LAKESIDE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: VD ( ) Delete  
Name: BLOCK, BEVERLY  
Address: 14735 VALLEYHEART  
City-St-Zip: SHERMAN OAKS, CA 91403

Title: D (X) Delete  
Name: GRISWALD, BETTY  
Address: PO BOX 869  
City-St-Zip: LAKE WORTH, FL 33460

Title: SD ( ) Delete  
Name: WAGNER, JANET  
Address: 4970 MISTY PINE TRAIL  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN CANTOR

P

03/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date