

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90009 004 \*\*\*150.00

**DOCUMENT # 838399**

1. Entity Name

FAMILY CENTER, INC.



Principal Place of Business

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE NJ 07645

Mailing Address

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE NJ 07645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2121119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES INC.  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	SMITHIES, DAVID	
STREET ADDRESS	2 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NE 07645	
TITLE	SR.V	<input type="checkbox"/> Delete
NAME	COSTANTINI, WILLIAM P	
STREET ADDRESS	2 PARAGON DR	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCOLA, RICHARD	
STREET ADDRESS	2 PARAGON DR	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORMAN, JOSEPH J	
STREET ADDRESS	2 PARAGON DR	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOLA, RICHARD	
STREET ADDRESS	2 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen G. Slade	
STREET ADDRESS	2 Paragon Drive	
CITY-ST-ZIP	Montvale, NJ 07645	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Joseph J. Gorman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/04**  
Date

**201-573-9700**  
Daytime Phone #