2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # 838399 1. Entity Name FAMILY CENTER, INC.					04-15-2005	5 90089 02	4 ***150	0.00
Principal Place of Business 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645	Mailing Address 2 PARAGON DRIVE ATTN: TAX DEPARTMEN MONTVALE, NJ 07645				18 9 1 (1888 1888 1888 1888 18	811 8 1841 81 8 11 81861 8		
2. Principal Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04042005	Chg-P	CR2E034	l (10/03)	
City & State	City & State	City & State		4. FEI Number 22-2121119			Applied For Not Applicable	
Zip Country	Zip	Country .		5. Certificate of	of Status Desired		8.75 Addi se Required	
6. Name and Address of Current	Registered Agent	- Name		7. Name and	Address of New	Registered Ag	ent	
BLUMBERG EXCELSIOR CORPORATE SERVICES INC. 4435 OLD WINTER GARDEN ROAD			Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32811					·			
		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	and title if applicable. (NOTE	E: Registered Agent signs	ture required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.				00 May Be ed to Fees				
10. OFFICERS AND		11.	Presi		CHANGES TO OF			
TITLE PRES # ♣ ♥ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	1 Defete	TITLE NAME	Brier	, Piwek.		L	Change	M Addition
STREET ADDRESS 2 PARAGON DRIVE CITY-ST-ZIP MONTVALE, NE 07645		STREET ADDRESS CITY-ST-ZIP	12 Pa	ragon Oriv Trale, N	s 5 03645			
TITLE SR.V NAME COSTANTINI, WILLIAM P	™ Delete	TITLE NAME	Vice	President hell Goldst		[Change	M Addition
STREET ADDRESS 2 PARAGON DR CITY-ST-ZIP MONTVALE, NJ		STREET ADDRESS CITY-ST-ZIP	2. Pa	ragin Orive	07645			
TITLE AS	Delete	TITLE	Sect	٨.٨.		[Change	Addition
NAME SCOLA, RICHARD STREET ADDRESS 2 PARAGON DR		NAME Street Address	Wol	y Ellen Of	iter :			
CITY-S1-ZIP MONTVALE, NJ	· · · · · ·	CITY-ST-ZIP	Nort	vale, NJ	07645	·		
NAME GORMAN, JOSEPH J	⊠ Delete	TITLE NAME	Vice	President ael Gualt	ieri	{	Change	M Addition
STREET ADDRESS 2 PARAGON DR CITY-S1-ZP MONTVALE, NJ 07645		STREET ADDRESS CITY-ST-ZIP	2 90	ael Gualt	07645			į
TITLE V	▼ Delete	TITLE	Wort	vale NJ	07645	[Change	☐ Addition
NAME SCOLA, RICHARD STREET ADDRESS 2 PARAGON DRIVE		NAME STREET ADDRESS						
CITY-ST-ZIP MONTVALE, NJ		CITY-ST-ZIP				11		
TITLE NAME	Delete	titl e Name				ĺ	☐ Change	Addition
STREET ADDRESS		STREET ADDRÉSS CITY-ST-ZIP						
12. I hereby certify that the information supplied with	h this filing does not qualify for		ated in Se	ection 119.07(3)(i), Florida Statutes	. I further certif	y that the in	formation
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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: WANG MANAGE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR								

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