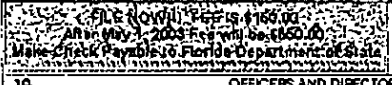


04-21-2003 91219 023 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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 <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BLUMBERG EXCELSIOR CORPORATE SERVICES INC, 4436 OLD WINTER GARDEN ROAD ORLANDO, FL 32811		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)		
City		City		
FL		Zip Code		
8. The above named entity is in 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, the above agent.				
SIGNATURE _____ DATE _____				
 <p>FILE NOW! FEE IS \$150.00 An on-line 2003 FRS will be \$500.00 Make check payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added as Fee		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHES, DAVID		NAME	
STREET ADDRESS	2 PARAGON DRIVE		STREET ADDRESS	
CITY-STATE-ZIP	MONTVALE, NJ 07645		CITY-STATE-ZIP	
TITLE	SRL V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANTINI, WILLIAM P		NAME	
STREET ADDRESS	2 PARAGON DR		STREET ADDRESS	
CITY-STATE-ZIP	MONTVALE, NJ		CITY-STATE-ZIP	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOLA, RICHARD		NAME	
STREET ADDRESS	2 PARAGON DR		STREET ADDRESS	
CITY-STATE-ZIP	MONTVALE, NJ		CITY-STATE-ZIP	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURTNEY, TIMOTHY J		NAME	VP
STREET ADDRESS	2 PARAGON DR		STREET ADDRESS	Joseph J. Gorman
CITY-STATE-ZIP	MONTVALE, NJ		CITY-STATE-ZIP	2 Paragon Dr. Montvale, NJ 07645
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOLA, RICHARD		NAME	
STREET ADDRESS	2 PARAGON DRIVE		STREET ADDRESS	
CITY-STATE-ZIP	MONTVALE, NJ		CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 to this report, with a proper line endorsement.				
SIGNATURE _____		Date 4-15-03		
Name and Title of Signing Officer or Director Joseph J. Gorman		Date Filed 201-573-9700		

11005528



CHECK HERE IF MAKING CHANGES

CFR 607.1101(2)