

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1996 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **H86896** (8)  
1. Corporation Name  
**YOUR FAMILY CARE CENTER, INC.**

Principal Place of Business Mailing Address

2667 ENTERPRISE RD.  
ORANGE CITY FL 32763

2667 ENTERPRISE RD.  
ORANGE CITY FL 32763

*2430 S. Spring Garden Ave.  
Deland, Fla  
32720*



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/26/1985

08/04/1995

4. FEI Number

59-2603237

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

VELLEFF, THOMAS K., MD  
2667 ENTERPRISE RD.  
ORANGE CITY FL 32763

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reappointing.)

(DATE)

12. OFFICERS AND DIRECTORS

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | P                            | <input type="checkbox"/> DELETE |
| NAME            | VELLEFF, THOMAS K., MD       |                                 |
| STREET ADDRESS  | 2430 S. SPRING GARDEN AVENUE |                                 |
| CITY - ST - ZIP | DELAND FL 32720              |                                 |

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | ST                           | <input type="checkbox"/> DELETE |
| NAME            | VELLEFF, JANET M.            |                                 |
| STREET ADDRESS  | 2430 S. SPRING GARDEN AVENUE |                                 |
| CITY - ST - ZIP | DELAND FL 32720              |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas K. Velleff, MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Thomas K. Velleff, MD

8-2-96

904-774-2273

Date

Telephone Number

CR2E034 (3/96)