2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22183

FILED Mar 25, 2007 Secretary of State

Entity Nar	ne: ALTERN	ATE FAMILY CARE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10001 W C	AKLAND PAF	RK BLVD			
SUNRISE,	FL 33351	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	AKLAND PAF	RK BLVD			
302 SUNRISE,	FL 33351	US			
FEI Number:	59-2708404	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GLASSER, GENE K. 2021 TYLER ST. HOLLYWOOD, FL 33020 US			SUITE 700	100 WEST CYPRESS CREEK ROAD	
The above in the State		submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				03/25/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (FERGUSON, D 7340 S.W. 18T PLANTATION,	H ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (SIMON, RONA 10540 LAREIN DELRAY BEAC	A RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD D. SIMON AS SECRETARY 03/25/2007 S