

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22183

FILED
Apr 12, 2009
Secretary of State

Entity Name: ALTERNATE FAMILY CARE, INC.

Current Principal Place of Business:

10001 W OAKLAND PARK BLVD
200
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

10001 W OAKLAND PARK BLVD
200
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 59-2708404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, RONALD ST
10540 LA REINA ROAD
DELRAY BEACH, FL 334462725 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERGUSON, DAVID
Address: 7340 S.W. 18TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: ST () Delete
Name: SIMON, RONALD
Address: 10540 LAREINA RD
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 SIMON

ST

04/12/2009

Electronic Signature of Signing Officer or Director

Date