

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91377

FILED
Jan 14, 2009
Secretary of State

Entity Name: FAMILYCARE OF LAND O' LAKES, P.A.

Current Principal Place of Business:

1942 HIGHLAND OAKS BLVD.
SUITE A
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

1942 HIGHLAND OAKS BLVD.
SUITE A
LUTZ, FL 33559

New Mailing Address:

FEI Number: 59-2957966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEQUIST, LINDA C CMM
1942 HIGHLAND OAKS BLVD.
SUITE A
LUTZ, FL 33559 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: P () Delete
Name: ROSEQUIST, ROBERT B,
Address: 1942 HIGHLAND OAKS BLVD.
City-St-Zip: LUTZ, FL 33559

Title: VP () Delete
Name: WATKINS STANLEY E,
Address: 1942 HIGHLAND OAKS BLVD SUITE A
City-St-Zip: LUTZ, FL 33559

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: LINDA ROSEQUIST

A

01/14/2009

Electronic Signature of Signing Officer or Director

Date