

Amended

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-03-2003 90145.048 *****0.00

N02000004951

03 APR 10 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004951

1. Entity Name

FAMILY EXTENDED CARE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10899 S.W. 4th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

030469350

Applied For

Not Applicable

Zip

33174

Country

USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name Roy R. Lustig, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road, Suite 908

City Coral Gables, FL Zip Code 33134

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE: \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P.D.
NAME Aniello, Joseph
STREET ADDRESS 10899 S.W. 4 Street
CITY-ST-ZIP Miami, Florida 33174

TITLE VCD
NAME Gentry, Ray
STREET ADDRESS 4403 Chowning
CITY-ST-ZIP Atlanta, GA 30338

TITLE CD
NAME Lustig, Roy
STREET ADDRESS 2600 Douglas Road
CITY-ST-ZIP Coral Gables, FL 33134

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Aniello, PD

2-26-03

Date

305 547-2189

Daytime Phone #

CR2E037B (12/02)