

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011050

FILED  
Sep 07, 2010  
Secretary of State

**Entity Name:** FLORIDA INTEGRATED CHILDREN'S SERVICES, INC.

**Current Principal Place of Business:**

1601 NE 25TH AVE. STE 900  
OCALA, FL 34470

**New Principal Place of Business:**

2807 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1601 NE 25TH AVE. STE 900  
OCALA, FL 34470

**New Mailing Address:**

2807 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308

**FEI Number:** 56-2424452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KALIFEH, PHYLLIS  
2807 REMINSTON GREEN CREEK  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

KALIFEH, PHYLLIS  
2807 REMINGTON GREEN CREEK  
TALLAHASSEE, FL 32308 US

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:

09/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: COOLEY, GUY  
Address: 6698 68TH AV  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D  
Name: HAIGHT, KATHY  
Address: 481 COTTAGEWOOD LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T  
Name: KALIFEH, PHYLLIS  
Address: 2807 REMINGTON GREEN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHYLLIS KALIFEH

T

09/07/2010

Electronic Signature of Signing Officer or Director

Date