2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N07000008210

Entity Name: FIRST CARE FOUNDATION, INC.

Current Principal Place of Business:

2040 NE 163RD STREET
#303
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

2040 NE 163RD STREET
#303
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 32-0212441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEAN, LISIA
5243 ALTON ROAD
MIAMI BEACH, FL 33140 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MCLEAN, LISIA	
Address:	5243 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VDP	( ) Delete
Name:	MCLEAN, CLAUDIA	
Address:	2040 NE 163RD STREET, #303	
City-St-Zip:	MIAMI, FL 33162	
Title:	TD	( ) Delete
Name:	GRAHAM, ZULA	
Address:	7601 EAST TREASURE DRIVE, APT #503	
City-St-Zip:	NORMANDY ISLES, FL 33141	
Title:	SD	( ) Delete
Name:	MCLEAN, DIANA	
Address:	4650 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISIA MCLEAN P 02/05/2009

Electronic Signature of Signing Officer or Director — Date