

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011329

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** THE FAMILY HOME CARE SERVICES FOR AUTISM, INC.

**Current Principal Place of Business:**

C/O MICHAEL PAELMO  
10824 TEA OLIVE LANE  
BOCA RATON, FL 33498 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL PAELMO  
10824 TEA OLIVE LANE  
BOCA RATON, FL 33498 US

**New Mailing Address:**

**FEI Number:** 80-0318170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRAMEDA, MARIA B  
16 ROYAL PALM WAY  
105  
BOCA RATON, FL 33432 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:** P  
**Name:** BARRAMEDA, ESTHER L M.D.  
**Address:** 141 ALCAZAR STREET  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411 US

**Title:** VP  
**Name:** BASCO, BEN  
**Address:** 8950 SADDLE CREEK DRIVE  
**City-St-Zip:** BOCA RATON, FL 33496 US

**Title:** SEC  
**Name:** BASCO, ANNIE  
**Address:** 8950 SADDLE CREEK DRIVE  
**City-St-Zip:** BOCA RATON, FL 33496 US

**Title:** DIR  
**Name:** BRAGA, JOSEPHINE  
**Address:** 2012 CROSS BREEZE DRIVE  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** DIR  
**Name:** PAYGANE, ADELAIDA  
**Address:** 2280 NW 3RD COURT  
**City-St-Zip:** BOCA RATON, FL 33431 US

**Title:** DIR  
**Name:** FELIPE, REY  
**Address:** 9045 SADDLE CREEK DRIVE  
**City-St-Zip:** BOCA RATON, FL 33496 US

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:** MICHAEL N. PAELMO

D

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date