



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2007 8:00 am
Secretary of State

06-29-2007 90002 001 ****70.00
06-29-2007 90002 002 ****35.00

DOCUMENT # N48589			
1. Entity Name FAMILY ADVOCATES FOR NURSINGHOME AND HOMECARE IMPROVEMENT, INC.			
Principal Place of Business 6023 S. SECOND STREET TAMPA, FL 33611-4707		Mailing Address 6023 S. SECOND STREET TAMPA, FL 33611-4707	
2. Principal Place of Business - No P.O. Box # 900 W. PLATT ST.		3. Mailing Address 900 W. PLATT ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33606		Country Hillsborough	
4. FEI Number 59-3124945		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOX, MICHAEL A 6023 S. SECOND STREET TAMPA, FL 33611-4707		7. Name and Address of New Registered Agent Name: KEVIN McLEAN Street Address (P.O. Box Number is Not Accepted): 900 W. PLATT STREET City: TAMPA FL Zip Code: 33606	
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: 		DATE: 6/25/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME GORALE, MARY STREET ADDRESS 10955 W. VILLA MONTE DR CITY-ST-ZIP MUKILTEO, WA 98275	<input type="checkbox"/> Delete	TITLE P NAME GORALE, MARY STREET ADDRESS 150 DEERE DRIVE CITY-ST-ZIP BURLINGTON WA 98233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GORALEWSKI, DAN STREET ADDRESS P O BOX 735 CITY-ST-ZIP PENDLETON, OR 97801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME PACINI, CHRISTINE M STREET ADDRESS 35910 JOHNSTOWN ROAD CITY-ST-ZIP FARMINGTON HILLS, MI 48335	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MICHAEL A. KNOX STREET ADDRESS 6023 S 2ND ST CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete	TITLE D NAME MICHAEL A. KNOX STREET ADDRESS 1211 N. WEST SHORE BLVD., SUITE CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCLEAN, KEVIN STREET ADDRESS 2909 W BAY TO BAY BLVD CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE D NAME KEVIN MCLEAN STREET ADDRESS 900 W. PLATT STREET CITY-ST-ZIP TAMPA FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SPINELLA, ANNA STREET ADDRESS 4714 EUCLID AVE CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Anna Spinella, Director		813-837-1714	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

COVER LETTER

TO: Amendment Section
Division of Corporations

66019930

SUBJECT: FAMILY ADVOCATES FOR NURSING HOME AND HOMECARE
(Name of Corporation) IMPROVEMENT, INC.

DOCUMENT NUMBER:

N 48589

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna M. Spinella

(Name of Contact Person)

n/a

(Firm/Company)

4714 Euclid Ave

(Address)

TAMPA FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

Anna M. Spinella

(Name of Contact Person)

at

813, 837-1714

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTACHMENT 66019938

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Family Advocates for Nursing home and Homecare Improvement
 2. The principal office address: 900 W. PLATT ST., TAMPA FL 33606 IN

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 4-24-92 Document number: N 48589

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAEL A. KNOX
6023 S. 2d St.
TAMPA FL 33611-4707

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KEVIN MCLEAN
900 WEST PLATT ST.
 (P.O. Box NOT acceptable)
Tampa FL 33606

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Anna M. Spinella, Director Anna M. Spinella, Director
 (Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

✓ [Signature]
 (Signature of Registered Agent)

✓ 6/25/07
 (Date)

If signing on behalf of an entity:

N/A
 (Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)