2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005
Secretary of State

DOCUMENT# N98000000984

Entity Name: FAMILY EXTENDED CARE OF SARASOTA, INC.

Current Principal Place of Business:

10899 SW 4 STREET
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

10899 SW 4 STREET
MIAMI, FL 33174

New Mailing Address:

P. O. BOX 160879
HIALEAH, FL 33016

FEI Number: 65-0839761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUSTIG, ROY R
2600 DOUGLAS ROAD
SUITE 908
MIAMI, FL 33134 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: PCD ( ) Delete
Name: ANIELLO, JOSEPH
Address: 10899 SW 4 ST
City-St-Zip: MIAMI, FL 33174

Title: CD ( ) Delete
Name: LUSTIG, ROY
Address: 2600 DOUGLAS ROAD; SUITE 908
City-St-Zip: CORAL GABLES, FL 33143

Title: VCD ( ) Delete
Name: GENTRY, RAY
Address: 4403 CHOWNING WAY
City-St-Zip: ATLANTA, GA 30338

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: LUSTIG, ROY
Address: 2600 DOUGLAS ROAD; SUITE 908
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH ANIELLO PD 02/23/2005

Electronic Signature of Signing Officer or Director — Date