2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000984

FILED Jan 18, 2007 Secretary of State

Entity Name: FAMILY EXTENDED CARE OF SARASOTA, INC. **Current Principal Place of Business: New Principal Place of Business:** 2700 WEST 81 STREET HIALEAH, FL 33016 **Current Mailing Address: 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: Name and Address of New Registered Agent: LUSTIG, ROY R 2600 DÓUGLAS ROAD SUITE 908 MIAMI, FL 33134 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD () Change () Addition () Delete ANIELLO, JOSEPH Name: Name: Address: 2700 WEST 81 STREET Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: Title: CD Title: () Delete () Change () Addition Name: LUSTIG, ROY Name: Address: 2600 DOUGLAS ROAD: SUITE 908 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: VCD () Delete Title: () Change () Addition GENTRY, RAY Name: Name: 264 LAURELWOOD Address: Address: City-St-Zip: SAUTE NACOCHE, GA 30571 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH A. ANIELLO PRES 01/18/2007