

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 21, 2011
Secretary of State

DOCUMENT# N98000004956

Entity Name: FAMILY EXTENDED CARE OF ALBANY, INC.**Current Principal Place of Business:**2700 WEST 81 STREET
HIALEAH, FL 33016**New Principal Place of Business:****Current Mailing Address:**2700 WEST 81 STREET
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 58-2417218**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LUSTIG, ROY R
ONE SE THIRD AVE
SUITE 1210
MIAMI, FL 33131 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: PRES
Name: ANIELLO, JOSEPH PRESCEO
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: SEC
Name: GLUCK, LINDA
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: TREA
Name: GLUCK, LINDA
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

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: JOSEPH A. ANIELLO

PRES

10/21/2011

Electronic Signature of Signing Officer or Director

Date