

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002329

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** FAMILY EXTENDED CARE OF NAPLES, 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:** 65-0910707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LUSTIG, ROY R ESQ  
ONE SE THIRD AVE  
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 A PRESCEO  
**Address:** 2700 W. 81 STREET  
**City-St-Zip:** HIALEAH, FL 33016

**Title:** SEC  
**Name:** PARRETT, MARY  
**Address:** 4450 8TH STREET  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** TREA  
**Name:** PARRETT, MARY  
**Address:** 4450 8TH STREET  
**City-St-Zip:** SARASOTA, FL 34232

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

01/12/2011

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

\_\_\_\_\_  
Date