

112

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2005 AUG 19 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021995

1. Entity Name
FIRST CARE ASSISTED LIVING SERVICES, INC.



Principal Place of Business

**12085 W DIXIE HWY
NORTH MIAMI, FL 33181**

Mailing Address

**12085 W DIXIE HWY
NORTH MIAMI, FL 33181**

REINSTATEMENT

05



02162005 No Chg-P CR2E034 (10/03)

A. FEI Number
65-1009868

Applied For
Not Applicable

B. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GEORGES, ANNIE M
12085 W DIXIE HWY
MIAMI, FL 33181**

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

03-15-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
GEORGES, ANNIE M
12085 W DIXIE HWY
NORTH MIAMI, FL 33181**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

8/18/05 01060 001 165.00

**UD0000285181
03/17/05 00021 003 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-05

DATE

**305-
897-8588
Business**

*Per Pat Bailey
8/19/05*

212-

First Care Assisted Living Services Inc.

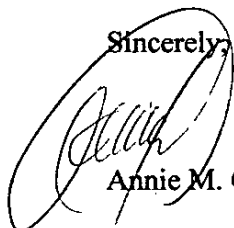
12085 West Dixie Hwy
Biscayne Park Fl, 33161
(305) 892-8588 (305) 892-8587

August 9, 2005

Dear Ms. Patricia G. Baily,

Thank you for understanding my loss and also for helping me reinstate my corporation. Inside this envelope there is a copy of the police report of the robbery, because my account was changed the check that I sent for my corporation was returned. Sorry for the inconvenience and thank you for your help. May God Bless.

Sincerely,



Annie M. Georges