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.

REINSTATEMENT 05

Principal Place of Business	Mailing Address
12085 W DIXIE HWY NORTH MIAMI, FL 33161	12085 W DIXIE HWY NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

02162005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1009868
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGES, ANNIE M
12085 W DIXIE HWY
MIAMI, FL 33161

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 _____ 03-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	GEORGES, ANNIE M
STREET ADDRESS	12085 W DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

8/18/05 01060 001 165.00

~~000000266181~~
~~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 like empowered.

SIGNATURE: _____ 03-15-05 305-897-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone & BUSINESS

Per Pat Bailey
8/19/05

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