

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000098156**

1. Entity Name
Family Life CARE, Inc.

FILED
02 APR 30 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 104 HOWARD ST. E.		3. Mailing Address ←	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Live Oak FL		City & State ←	
Zip 32060	Country USA	Zip ←	Country

4. FEI Number 59-3679263	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David B McMullen
Street Address (P.O. Box Number is Not Acceptable) 104 HOWARD St E.
City Live Oak FL Zip Code 32060

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.

SIGNATURE **David B McMullen** **David B McMullen** **4/25/2002**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRENDA DUNN 217 SW 11th Street LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bill HOWARD Pearl Street LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERESA FORTNER 13773 82ND PLACE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David McMullen 1703 Secluded Woods Way ORANGE PARK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005555797 -05/16/02--01069--03 ****908.75 ****908.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 01/02/02

13. 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 11 or on an attachment with an address, with all other like information.

SIGNATURE: **David B McMullen** **David B McMullen** **4/25/2002** **(386)364-5515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

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