

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098156

Entity Name: FAMILY LIFE CARE, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

104 HOWARD ST E
LIVE OAK, FL 32064 US

New Principal Place of Business:

712-B PINE AVENUE
GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address:

104 HOWARD ST E
LIVE OAK, FL 32064 US

New Mailing Address:

712-B PINE AVENUE
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 59-3679263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCMULLEN, DAVID B
104 HOWARD ST E
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

MCMULLEN, DAVID B
712-B PINE AVENUE
GREEN COVE SPRINGS, FL 32043 US

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

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: MCMULLEN, DAVID
Address: 1703 SECLUDED WOODS WAY
City-St-Zip: ORANGE PARK, FL 32073

Title: C () Delete
Name: DUNN, BRENDA
Address: 217 SW 11TH STREET
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CRIBBS, STANLEY
Address: 8088 CR 137
City-St-Zip: WELBORN, FL 32094

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B MCMULLEN

S/T

04/17/2006

Electronic Signature of Signing Officer or Director

Date