

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098156

Entity Name: FAMILY LIFE CARE, INC.

FILED  
Feb 05, 2007  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
712-B PINE AVENUE  
GREEN COVE SPRINGS, FL 32043 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

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

02/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date