2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000098156

1. Entity Name
FAMILY LIFE CARE, INC.

Principal Place of Business
712-B PINE AVENUE
GREEN COVE SPRINGS, FL 32043 US

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

DO NOT WRITE IN THIS SPACE

05092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3679263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S/T
NAME	MCMULLEN, DAVID
STREET ADDRESS	1703 SECLUDED WOODS WAY
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	C
NAME	DUNN, BRENDA
STREET ADDRESS	217 SW 11TH STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	CRIBBS, STANLEY
STREET ADDRESS	8088 CR 137
CITY-ST-ZIP	WELBORN, FL 32094
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 5/9/08 904-529-7072
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #