

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000098156

FILED
Apr 14, 2003
Secretary of State

Entity Name: FAMILY LIFE CARE, INC.

Current Principal Place of Business:

104 HOWARD ST E
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

104 HOWARD ST E
LIVE OAK, FL 32060 US

New Mailing Address:

FEI Number: 59-3679263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMULLEN, DAVID B
104 HOWARD ST E
LIVE OAK, FL 32060 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: D () 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: T () Delete
Name: HOWARD, BILL
Address: PEARL STREET
City-St-Zip: LIVE OAK, FL 32060

Title: S (X) Delete
Name: FORTNER, TERESA
Address: 13773 82ND PLACE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: STANLEY CRIBBS

D

04/14/2003

Electronic Signature of Signing Officer or Director

_____ Date