

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90263 023 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000108053

1. Entity Name
FAMILY CARE SERVICES, INC.



Principal Place of Business
**9370 SW 72ND ST.
A-270
MIAMI, FL 33173**

Mailing Address
**9370 SW 72ND ST.
A-270
MIAMI, FL 33173**

40097728



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1065282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMOS, HENRY
8700 SW 19TH TERRACE
MIAMI, FL 33165**

Name

Street Address (P.O. Box Number is Not Acceptable)

9370 S.W. 72nd Street Ste A-270

City

Miami

FL

Zip Code
33173

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RAMOS, HENRY
8700 SW 19TH TERRACE
MIAMI, FL 33165**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9370 S.W. 72nd Street Ste A-270
Miami, FL 33173**

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Henry Ramos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Ramos

4/22/08

Date

305-275-5424

Daytime Phone #