

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039656

FILED
Mar 29, 2011
Secretary of State

Entity Name: FAMILY CARE CENTER AT THE VILLAGES, INC.

Current Principal Place of Business:

910 OLD CAMP ROAD
SUITE 202
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

910 OLD CAMP ROAD
SUITE 202
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 59-3712589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOLARSKI, ALAIN B MD
910 OLD CAMP ROAD
SUITE 202
THE VILLAGES, FL 32162 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

OFFICERS AND DIRECTORS:

Title: P
Name: SMOLARSKI, ALAIN B MD
Address: 4828 SE 12TH PLACE
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: ALAIN B SMOLARSKI MD

P

03/29/2011

Electronic Signature of Signing Officer or Director

Date