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**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**  
05-27-2002 90464 049 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000064650**  
1. Entity Name  
**FAMILY CHOICE HOME CARE, INC.**

Principal Place of Business  
**8560 N SHERMAN CIR. #308  
MIRAMAR FL 33025**

Mailing Address  
**8560 N SHERMAN CIR. #308  
MIRAMAR FL 33025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-1155907**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LINDOR, GERALD J P.A.  
8151 MIRAMAR PKWY, STE 208  
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEITH VERNON</b>		STREET ADDRESS	
STREET ADDRESS <b>8560 N SHERMAN CIR #308</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>MIRAMAR FL 33025</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V. P</b>		STREET ADDRESS	
NAME <b>AUDICE ROBINSON</b>		CITY-ST-ZIP	
STREET ADDRESS <b>8560 N SHERMAN CIR #308</b>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>MIRAMAR FL 33025</b>	<input type="checkbox"/> Delete	STREET ADDRESS	
TITLE NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS	
TITLE NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS	
TITLE NAME		CITY-ST-ZIP	

CR26034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: **KEITH VERNON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 954-893-0601**  
Date Telephone #