

FILED  
May 12, 2002 8:00 am  
Secretary of State

03-26-2002 90062 030 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115838

1. Entity Name

LAKE WORTH FAMILY CARE CENTER, INC.

Principal Place of Business

~~1201 S FEDERAL HWY, STE B  
LAKE WORTH FL 33460~~

Mailing Address

~~1201 S FEDERAL HWY, STE B  
LAKE WORTH FL 33460~~

27520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

958 S. DIXIE HWY

3. Mailing Address

958 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA FL

City & State

LANTANA FL

4. FEI Number

65-1154109

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

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

TARVAINEN, ANITA

~~1201 S FEDERAL HWY, STE B  
LAKE WORTH FL 33460~~

Name

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

958 S. DIXIE HWY

City

LANTANA

FL

Zip Code

33462

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

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  Delete  
NAME D  
STREET ADDRESS TARVAINEN, ANITA  
CITY-ST-ZIP 896 N FEDERAL HWY #528 LANTANA FL 33462

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-02

Daytime Phone #

CR2E034 (9/01)