

FILED
Jan 09, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000031367		
1. Entity Name GLOBAL FAMILY CARE, P.A.		
Principal Place of Business 1677 WELLS RD STE C ORANGE PARK, FL 32073		Mailing Address 1677 WELLS RD STE C ORANGE PARK, FL 32073
DO NOT WRITE IN THIS SPACE		
		01042008 No Chg-P CR2E034 (11/05)
4. FEI Number 02-0574304		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KEASLER, FRANK R JR. 4309 PABLO OAKS CT., SUITE 5 JACKSONVILLE, FL 32224		DO NOT WRITE IN THIS SPACE
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: <u>Alberto Castiel, MD</u> (NOTE: Registered Agent signature required when renewing) DATE: <u>01/07/2008</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000776235 01/09/08-80016-009 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTIEL, ALBERTO 1677 WELLS RD ORANGE PARK, FL 32073	
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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: <u>Alberto Castiel, MD</u> 1/07/2008 (904) 215-8400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		