

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054976

Entity Name: SCG FAMILYCARE, INC.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

20000 SAWGRASS LANE 5002  
BOCA RATON, FL 33434

## New Principal Place of Business:

300 SO. PINE ISLAND RD.  
3032  
PLANTATION, FL 33324

## Current Mailing Address:

20000 SAWGRASS LANE 5002  
BOCA RATON, FL 33434

## New Mailing Address:

20000 SAWGRASS LANE 5002  
5002  
BOCA RATON, FL 33434

FEI Number: 01-0692536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLICK, SHEILA  
20000 SAWGRASS LANE 5002  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

GLICK, SHEILA  
20000 SAWGRASS LANE  
#5002  
BOCA RATON, FL 33434 US

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:

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GLICK, SHEILA  
Address: 20000 SAWGRASS LANE 5002  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: IVAN GLICK

VP

01/04/2005

Electronic Signature of Signing Officer or Director

Date