

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90077 002 ***150.00

DOCUMENT # P03000015502		
1. Entity Name FLORIDA FAMILY CARE, INC.		

Principal Place of Business 350 CAMINO GARDENS BOULEVARD SUITE 301 BOCA RATON, FL 33432	Mailing Address 1500 UNIVERSITY DRIVE SUITE 241 CORAL SPRINGS, FL 33071
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03122004 Chg-P CR2E034 (10/03)

4. FEI Number 42-1574745	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'TOOLE, LISA M 1500 UNIVERSITY DRIVE SUITE 241 CORAL SPRINGS, FL 33071		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'TOOLE, LISA M	NAME	
STREET ADDRESS	1500 UNIVERSITY DRIVE, SUITE 241	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'TOOLE, LISA M	NAME	
STREET ADDRESS	1500 UNIVERSITY DRIVE, SUITE 241	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE <i>Lisa M. O'Toole</i>	Lisa M. O'Toole	Date 4-12-04	Daytime Phone # 954-421-0491
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