2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
Secretary of State

DOCUMENT# P03000015502

Entity Name: FLORIDA FAMILY CARE, INC.

Current Principal Place of Business:

370 CAMINO GARDENS BOULEVARD
SUITE 204
BOCA RATON, FL 33432

New Principal Place of Business:

441 S. STATE ROAD 7
SUITE 5
CORAL SPRINGS, FL 33068

Current Mailing Address:

5461 N UNIVERSITY DRIVE
SUITE 104
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 42-1574745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'TOOLE, LISA M
5461 N UNIVERSITY DRIVE
SUITE 104
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: O'TOOLE, LISA M
Address: 5461 N UNIVERSITY DRIVE, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S,T
Name: O'TOOLE, LISA M
Address: 5461 N UNIVERSITY DRIVE, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP
Name: O'TOOLE, KIERAN J
Address: 5461 N UNIVERSITY DRIVE, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: LISA M. O'TOOLE PRES 01/09/2010

Electronic Signature of Signing Officer or Director — Date