

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000020994

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PERSONAL FAMILY HEALTH CARE, INC.

**Current Principal Place of Business:**

391 LEE BLVD.  
SUITE 400  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

391 LEE BLVD.  
SUITE 400  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 83-0349039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORO, ELMER  
391 LEE BLVD.  
SUITE 400  
LEHIGH ACRES, FL 33936 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

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** TORO, ELMER SR.  
**Address:** 174 PINE TREE LN  
**City-St-Zip:** TAPPAN, NY 10983

**Title:** D  
**Name:** TORO, ELMER  
**Address:** 391 LEE BLVD. STE. 400  
**City-St-Zip:** LEHIGH ACRES, FL 33936

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:** ELMER TORO

D

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date