

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102396

FILED
Feb 09, 2005
Secretary of State

Entity Name: FAMILY FIRST HEALTH CARE , INC.

Current Principal Place of Business:

4171 W. HILLSBORO BLVD.
SUITE 9
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4171 W. HILLSBORO BLVD.
SUITE 9
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 33-1071402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLICKER, MARK
4075 BRIARCLIFF CIR.
BOCA RATON, FL 33496 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 () Delete
Name: FLICKER, MARK
Address: 6688 PORTSIDE DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: V () Delete
Name: NEGRI, MICHAEL
Address: 10775 QUEEN PALM COURT
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARK FLICKER

P

02/09/2005

Electronic Signature of Signing Officer or Director

Date