# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000157442

Entity Name: FAMILY CARE ASSOCIATES, P.A.

FILED Aug 03, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

13815 FAIRWAY ISLAND DR 3880 COCONUT CREEK PKWY

1331 300

ORLANDO, FL 32837 US COCONUT CREEK, FL 33066 US

Current Mailing Address: New Mailing Address:

13815 FAIRWAY ISLAND DR 3880 COCONUT CREEK PKWY

331 300 COCONUT CREEK

ORLANDO, FL 32837 US COCONUT CREEK, FL 33066 US

FEI Number: 56-2424435 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLAHRAKHA, MOHAMMED F

13815 FAIRWAY ISLAND DR

13810 COCONUT CREEK PKWY

1331

ORLANDO, FL 32837 US

ALLAHRAKHA, MOHAMMED F

3880 COCONUT CREEK PKWY

300

COCONUT CREEK, FL 33066 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: 08/03/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

#### **OFFICERS AND DIRECTORS:**

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ( ) Delete
 Title:
 PRES ( ) Change (X) Addition

 Name:
 Name:
 MOHAMMED, ALLAHRAKHA F

 Address:
 Address:
 3880 COCONUT CREEK PKWY #300

 City-St-Zip:
 City-St-Zip:
 COCONUT CREEK, FL 30066 US

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: MOHAMMED ALLAHRAKHA PRES 08/03/2005