

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028610

FILED
Apr 26, 2007
Secretary of State

Entity Name: INVERNESS FAMILY CARE, INC.

Current Principal Place of Business:

2401 FOREST DR
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

2401 FOREST DR
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 20-0859903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOR, TARA D.O.
2401 FOREST DR
INVERNESS, FL 34453 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: D () Delete
Name: CONNOR, TARA D.O.
Address: 2401 FOREST DR
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: MCCASKILL, LEE M.D.
Address: 2401 FOREST DR
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: CONNOR, STEVE
Address: 2401 FOREST DR
City-St-Zip: INVERNESS, FL 34453

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: KERSH, SHAWN D.O.
Address: 2401 FOREST DR
City-St-Zip: INVERNESS, FL 34453

Title: D (X) Change () Addition
Name: CONNOR, STEVEN
Address: 2401 FOREST DR
City-St-Zip: INVERNESS, FL 34453

Title: D () Change (X) Addition
Name: KERSH, KARIN
Address: 2401 FOREST DRIVE
City-St-Zip: INVERNESS, FL 34453

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN CONNOR

D

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date