

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109482

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: FAMILY HOME CARE MANAGEMENT, INC.

## Current Principal Place of Business:

7540 BAY ISLAND DRIVE SOUTH  
BLDG BERMUDA, #254  
SOUTH PASADENA, FL 33707

## New Principal Place of Business:

7540 BAY ISLAND DRIVE SOUTH  
BLDG BERMUDA, #254  
SOUTH PASADENA, FL 33707 US

## Current Mailing Address:

PO BOX 67362  
ST. PETE BEACH, FL 33736

## New Mailing Address:

PO BOX 67362  
ST. PETE BEACH, FL 33736 US

FEI Number: 20-3268342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HALL, DAVID A  
6840 11TH AVENUE NORTH  
ST. PETERSBURG, FL 33710 US

## Name and Address of New Registered Agent:

HALL, DAVID A  
4184 101 ST AVENUE EAST  
PARRISH, FL 34219 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: DAVID A. HALL

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: PFEIFFER, F. D  
Address: 7540 BAY ISLAND DR S, BLDG BERMUDA, #254  
City-St-Zip: SOUTH PASADENA, FL 33707

Title: VPTD ( ) Delete  
Name: HALL, DAVID A  
Address: 6840 11TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPTD (X) Change ( ) Addition  
Name: HALL, DAVID A  
Address: 4184 101ST AVENUE EAST  
City-St-Zip: PARRISH, FL 34219 US

I hereby certify that the information supplied with this filing does not qualify 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: FRANCES DEE PFEIFFER

PSD

02/11/2009

Electronic Signature of Signing Officer or Director

Date