

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127808

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: FAMILY ALTERNATIVES SERVICES, INC

**Current Principal Place of Business:**

4001 W DR. MLK BLVD.  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 273301  
TAMPA, FL 33688

**New Mailing Address:**

PO BOX 263161  
TAMPA, FL 33685 31

FEI Number: 20-3488962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIFONTES, VIVIAM  
15821 COUNTRY LAKE DR  
TAMPA, FL 33614 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: P  
Name: SIFONTES, VIVIAM  
Address: 15821 COUNTRY LAKE DR  
City-St-Zip: TAMPA, FL 33624

Title: VP  
Name: SIFONTES, VILNA  
Address: 7104 HALIFAX CRT  
City-St-Zip: TAMPA, FL 33615

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: VILNA SIFONTES

VP

04/27/2012

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

\_\_\_\_\_  
Date