2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040557

Entity Name: FAMILY HEALTH CARE OF DELRAY, INC.

FILED Feb 14, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1483 S CONGRESS AVENUE DELRAY BEACH, FL 334456378

Current Mailing Address: New Mailing Address:

1483 S CONGRESS AVENUE DELRAY BEACH, FL 334456378

FEI Number: 65-0732159 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:

ALEXANDRE, SERGE L 1483 S CONGRESS AVENUE DELRAY BEACH, FL 334456378 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD

 Name:
 ALEXANDRE, SERGE L MD

 Address:
 1483 S. CONGRESS AVENUE

 City-St-Zip:
 DELRAY BEACH, FL 334456378

Title: COB

Name: ALEXANDRE, SERGE L MD
Address: 1483 S. CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 334456378

Title: BAMC

 Name:
 RODRIGUEZ, CLIFTON H CPA

 Address:
 3146 NW 68 STREET, NO. 1

 City-St-Zip:
 FT. LAUDERDALE, FL 333091206

Title: CEO

Name: ALEXANDRE, SERGE L MD
Address: 1483 S. CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 334456378

Title: SD

Name: PAUL, MARIE E

Address: 1483 S. CONGRESS AVENUE City-St-Zip: DELRAY BEACH, FL 334456378

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: SERGE L. ALEXANDRE CEO 02/14/2012