

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000116394**

1. Entity Name

FAMILYCARE CONSULTING, INC.



Principal Place of Business

11240 N. KENDALL DRIVE  
204  
MIAMI, FL 33176

Mailing Address

P.O. BOX 560993  
MIAMI, FL 33256



04202008

No Chg-P

CR2E034 (11/05)

4. FEI Number

13-4342263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PEREZ-GONZALEZ, VIVIAN R  
11240 N. KENDALL DRIVE  
204  
MIAMI, FL 33017-6

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME PEREZ-GONZALEZ, VIVIAN R  
STREET ADDRESS P.O. BOX 560993  
CITY-ST-ZIP MIAMI, FL 33256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U000000922158  
05/15/08-80035-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 305-582-2992