

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039725

FILED
May 03, 2010
Secretary of State

Entity Name: FLORIDA FAMILY CARE SERVICES, INC.

Current Principal Place of Business:

4409 SW 14TH AVE.
CAPE CORAL, FL 33914 US

New Principal Place of Business:

627 NW 38 TH PLACE
CAPE CORAL, FL 33993 US

Current Mailing Address:

4409 SW 14TH AVE.
CAPE CORAL, FL 33914 US

New Mailing Address:

627 NW 38 TH PLACE
CAPE CORAL, FL US

FEI Number: 56-2648976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, ELBA
4409 SW 14TH AVE.
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

TORRES, ELBA
627 NW 38TH PLLACE
CAPE CORAL, FL 33993 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: ELBA TORRES

05/03/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: TORRES, ELBA
Address: 627 NW 38 TH PL
City-St-Zip: CAPE CORAL, FL 33993 US

Title: T
Name: TORRES, CLEVERT
Address: 627 NW 38TH PL.
City-St-Zip: CAPE CORAL, FL 33993 US

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: ELBA TORRES

PRE

05/03/2010

Electronic Signature of Signing Officer or Director

Date