

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000039725

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA FAMILY CARE SERVICES, INC.

**Current Principal Place of Business:**

1136 NE PINE ISLAND ROAD - SUITE 78  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

1136 NE PINE ISLAND ROAD - SUITE 78  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

**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  
627 NW 38TH PLLACE  
CAPE CORAL, FL 33993 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: 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

P

04/30/2012

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

\_\_\_\_\_  
Date