

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038402

FILED  
May 04, 2009  
Secretary of State

Entity Name: FAMILY HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

17913 ARBOR HAVEN DRIVE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

17913 ARBOR HAVEN DRIVE  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 26-2439589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

ECKHARDT, AMY L  
17913 ARBOR HAVEN DRIVE  
TAMPA, FL 33647 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: AMY ECKHARDT

05/04/2009

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: D ( ) Delete  
Name: ECKHARDT, AMY L  
Address: 17913 ARBOR HAVEN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: LEWIS, EDWARD  
Address: 10272 DEVONSHIRE LAKE DRIVE  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMY ECKHARDT

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date