

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084417

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** FACILITIES TOTAL CARE, INC.

**Current Principal Place of Business:**

1471 S.W. 30TH AVENUE  
SUITE 12  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 915005  
LONGWOOD, FL 32791 US

**New Mailing Address:**

**FEI Number:** 27-1174155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLAK, EDWARD J  
1471 S.W. 30TH AVENUE  
SUITE 12  
DEERFIELD BEACH, FL 33442 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:** PTD  
**Name:** FLAK, EDWARD J  
**Address:** 1471 S.W. 30TH AVENUE, SUITE 12  
**City-St-Zip:** DEERFIELD BEACH, FL 33442 US

**Title:** VPSD  
**Name:** DEL RIO, YOSLEY  
**Address:** 3008 SIESTA VIEW DRIVE  
**City-St-Zip:** KISSIMEE, FL 34744 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: EDWARD J FLAK

PRES

02/17/2011

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

\_\_\_\_\_ Date