

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021043

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** VILLARI FAMILY CENTERS, INC.

**Current Principal Place of Business:**

5200 NE 33RD AVE  
FT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

7522 WILES RD  
212B  
CORAL SPRINGS, FL 33067 US

**Current Mailing Address:**

934 N UNIVERSITY DR  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

7522 WILES RD  
212B  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 27-2376797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPANIAK, GARY SR  
5200 NE 33RD AVE  
FT LAUDERDALE, FL 33308 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: PD  
Name: SPANIAK, GARY SR  
Address: 5200 NE 33RD AVE  
City-St-Zip: FT LAUDERDALE, FL 33308 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: GARY SPANIAK

PD

04/26/2012

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

\_\_\_\_\_  
Date