2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P11000020539

Entity Name: FAMILY MATTERS HEALTH CARE, INC.

Current Principal Place of Business:

2631 FORD STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

P O BOX 1752
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 27-5359871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, JOHN
2631 FORD STREET
FORT MYERS, FL 33916 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: PSD
Name: ALLEN, JOHN
Address: P O BOX 642
City-St-Zip: BELLEVILLE, MI 48111

Title: VP
Name: ALLEN, JEFFREY
Address: P O BOX 1752
City-St-Zip: FORT MYERS, FL 33902

Title: VP
Name: ALLEN, NANCY
Address: P O BOX 642
City-St-Zip: BELLEVILLE, MI 48111

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: JOHN ALLEN PSD 04/27/2012

Electronic Signature of Signing Officer or Director Date