FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham. Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000009786 (3)

FAMILY CARE SERVICES, INC.

Principal Place o		Mailing Address 3444 EASTLAKE F	?D			
STE 412 Palm Harbo US	OR FL 34685	ste 412 Palm Harbor Fi Us	PALM HARBOR FL 34685		Date Incorporated or Qualified 02/02/1993	3a. Date of Last Report 01/24/1995
2. Prioripal Pia	e of Business	2a. Maling Address			4. FEI Number	Applied For
]		26			59-3163884	Not Applicable
Suite, Apt. 4, etc.		Suite, Apt. #, etc. [27]			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State		···	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
- Ziρ - τ	Country	Zgr	Cour	try	8. This corporation has liability for in	
4]	9. Name and Address of Cu	[29]	30		Florida Statutes Yes 10. Name and Address of New Re	
	y, Name and Address of Co	irent negistered Agent		B1 Name	TO. Name and Address of New Re	egistered Agent
LACCEIC	SME EDDOL I					
Lasseigne, errol J 3444 east lake road				82 Street Address (P.O. Box Number is Not Acceptable)		e)
STE 412				83		
	ARBOR FL 34685		-	24		
				B4 City		FL 85 Zip Code
SIGNATURE .		aje te i Ce Sajaji ak e		kyper f Skypnat und receptor	est stan renslarny	[A]'E
12.	<u>-</u>	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
Mili	D	□ DELETE	1 1 117			Change C Addition
NAME:	DAME FLOT LAVE BOAR OUTE 440			JE .		
Step of Attoress	PALM HARBOR FL 3468		1.3 STREET ADDRESS			
01 to S1 - 21E	V	TO DELETE	2.111	Y-ST ZP		Change Addition
vaMe	GOTTHEIMER, BARRY		22 NA			
STHER LIABLIERNS	436 FERRY ST		2 3 SIH	CET ADDRESS		
D1r S1 70	NEWARK NJ		2.4.017	Y - S* - ZiP		
HI.F	TS	□ DECETÉ	3 1 11	LF		Change Addition
NAM:	BRAZIL, SORA		3.2 NAF	ME		
STEEL ALUFESS	990 AVENUE OF THE A	MERICAS, 12-N	3.3 SF	REFT ADDRESS		5-L
2017 - ST- 206	NEW YORK NY	☐ DELETE		Y-ST-Z-P		Change C Addition
ing SAME			4 1 115 4 2 NAF			Change Addition
SERVELANDERESS				ZET ADDHESS		
City \$1 ZiE				r ST ZiP		
Mr.		☐ DECETE	5 11			Change Addition
same j			5.2 NAF	M E		_
S18581 400,6555			53 STF	EFT ADDRESS		
on stale.			5.4 C/T	r-S1-7.P		
Mif		DELETE	6 ! III"			Change 🔲 Addition
NAV:			6.2 NA			
STREET ADDRESS				EET ADDRESS		
			furnished and d		for the exemption stated in Section 119.0	
oath, hiaf l	am an officer or director of the c Block 12 or Block 13 if changed	orporation or the receiver or tru	istee empowere	and accur od to execute ti	rate and that my signature shall have the s his report as required by Chapter 607, Flo	same legar enect as it made under rida Statutes; and that my name

SIGNATURE: ERROL J. LASSEIGNE COLOR OF DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(813) 789-4959 Degram Prior e #

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