

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000009786 (3)**

1. Corporation Name

**FAMILY CARE SERVICES, INC.**



Principal Place of Business

Mailing Address

**3444 EASTLAKE RD  
STE 412  
PALM HARBOR FL 34685  
US**

**3444 EASTLAKE RD  
STE 412  
PALM HARBOR FL 34685  
US**

3. Date Incorporated or Qualified

**02/02/1993**

3a. Date of Last Report

**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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4. FEI Number

**59-3163884**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LASSEIGNE, ERROL J  
3444 EAST LAKE ROAD  
STE 412  
PALM HARBOR FL 34685**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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SIGNATURE: **ERROL J. LASSEIGNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Errol J. Lasseigne*

1/22/96

(813) 789-4959

Date

Day of the Month

CR2E034 (12/95)