FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000009786 (3)

FAMILY CARE SERVICES, INC.

FILED Apr 23 1997 8:00am Secretary of State



| 3444 EASTLAKE RD 6TE 412 PALM HARBOR FL 34685 US | | STE | 3444 EASTLAKE RD STE 412 PALM HARBOR FL 34885 US | | | 3. Date Incorporated or Qualified 02/02/1993 | | | | |
|--|--|---|---|--|--|---|--|------------------------------------|----------------------------|--|
| 2. Principal Place of Business | | | | Mailing Address | | | 4. FEI Number | 1 | Applied For | |
| Sulte, Apt. #, etc. | | | 26 | Suite Apt. #, etc. | | | 59-3163884 Not Applies | | | |
| Suite, Apr. #, etc. | | | 27 | F-1 | | | 5. Certificate of Status Desired See Required Fee Required | | | |
| 3 | City & State | | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip 14 | | Country 25 | 29 | Zip | Cour 30 | ntry | | Yes No |) | . 199.032, |
| 1.400 | | and Address of Curre | ent Regis | tered Agent | | B1 Name | 10. Name and Address of New Ro | gistered Agen | t | |
| Lasseigne, errol J 3444 East Lake Road Ste 412 | | | | | | B1 Name | varne | | | |
| | | | | | | B2 Street A | et Address (P.O. Box Number is Not Acceptable) | | | |
| PALM HARBOR FL 34685 | | | | | | 83 | | | | |
| | | | | | - | 84 City | | loe | أ منح ا | Codo |
| | | | | | | City | | FL 85 | 240.0 | Code |
| office or ri agent. I a | egistered age | ons of Sections 607.05 ent, or both, in the Stat h, and accept the obli | te of Floric | da. Such change wa | s authorized | by the corp | corporation submits this statement for the poration's board of directors. I hereby acce | purpose of char pt the appointm | ngirig it ient as | s registered registered |
| SIGNATURE | Signature, typed | of printed name of registered a | agent and title | if applicable. (N | IOTF: Registered | Agent signature | required where reinstating) | DATE | | |
| 12. | | OFFICERS A | ND DIREC | · ·- · · · · · · · · · · · · · · · · · | 13. | | ADDITIONS/CHANGES TO OFFI | | | |
| TITLE | l D | | | | | | | | | |
| | LACCEION | C EDDOL I | | L DELETE | 11 111 | - 1 | | | Change | L.J. Ado:noi |
| NAME | | E, ERROL J | TE 410 | L] DELETE | 1.2 NA | MF | | | hange | L.J AGD:(IOI |
| NAME Street address | 3444 EAS1 | LAKE ROAD, SUIT | TE 412 | [] DELETE | 1.2 NAI 1.3 STE | ME REE1 ADDRESS | | | inange | Add:(lot |
| NAME Street address City-St-Zip | 3444 EAS1 | | TE 412 | | 1.2 NAI 1.3 STE 1.4 CIT | ME EE1 ADDRESS Y-ST-ZIP | | | | |
| NAME Street Address City-St-Zip Title | 3444 EAST PALM HAP V | LAKE ROAD, SUIT BOR FL 34685 | TE 412 | DELETE | 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT | MEET ADDRESS Y-ST-ZIP | | | Change Change | |
| NAME Street Address City-St-Zip Title Name | 3444 EAST PALM HAP V | r Lake Road, Suit Bor FL 34685 Ber, Barry | TE 412 | | 1.2 NAI 1.3 STH 1.4 CII 2.1 TII 2.2 NAI | MEE1 ADDRESS Y-ST-ZIP LE | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 3444 EAST PALM HAP V GOTTHEIN | T LAKE ROAD, SUIT BOR FL 34885 IER, BARRY Y ST | TE 412 | | 1.2 NAI 1.3 STH 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STH | MEET ADDRESS Y-ST-ZIP LE MEET ADDRESS | | | | |
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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 in Block 12 or Block 13 if changed, or on an attachment with an address.