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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #
1. Corporation Name

\* P93000020761 (1)

TALLAHASSEE FAMILY CARE ASSOCIATES, INC.

Principal Place of Business 1885 PROFESSIONAL PARK CIRCLE SUITE 30 TALLAHASSEE FL 32303-4511	Mailing Address 1885 PROFESSIONAL PAR SUITE 30 TALLAHASSEE FL 32308-		Date Incorporated or Qualified		Last Report	
				1	04/10/1996	
2. Principal Place of Business	2a. Mailing Address	u// -/-	03/19/1993 4. FEI Number		Applied For	
1) 6/10 010 Water Car. Suite, Apl. #, etc.		Water Oak Re	1 <b>10 100 10 17 39 - 3</b> :	3/1375	Not Applicat	
2)	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ <b>\$</b>	8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing		\$5.00 May Be	
Mallahasseeft 3231	28 Tallahassee	41-6	Trust Fund Contribution		Added to Fees	
Zip Country	Zip	Country	8. This corporation has liability for	r intangible tax (  Yes   No		
4 32312   25   USA 9. Name and Address of C	29 523/2 Surrent Registered Agent	30 USA	Florida Statutes  10. Name and Address of New R			
HOSFORD, KENNETH L		81 Name		<del></del>		
210 OFFICE PLAZA DR.		82 Street Add	Iress (P.O. Box Number is Not Accepta	hlel		
TALLAHASSEE FL 32301			ress (1.0. box Northbor la Not Nobobia			
		83				
		84 City		85	5 Zip Code	
	- AFA			1-1	<u> </u>	
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the</li> </ol>	State of Florida Such change was a	authorized by the corpora	poration submits this statement for the ition's board of directors. I hereby acce	purpose of cha opt the appointn	inging its registere ment as registered	
agent. I am famil ar with, and accept the	obligations of, Section 607.0505, Flo	orida Statutes.			-	
SIGNATURE Supervisite traced or marked name of register	cod accord and tipe if Applicable (NOI	F: Bogistered Agent clonalure requi	(rod when reinstation)	UNTE		
Signature, typed or printed name of registe	red agent and title if applicable (NOT IS AND DIRECTORS	E: Registered Agent signature requ	lred when reinstaling)  ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIF	RECTORS IN 12	
Signature Typed or printed name of registe  2. OFFICER		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIR	RECTORS IN 12 Change Addit	
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Secretary of State

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