

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043001

FILED
Jul 26, 2004
Secretary of State

Entity Name: FAMILY CARE OF WEST FLORIDA, INC.

Current Principal Place of Business:

18107 WOODCREEK PLACE
LUTZ, FL 33548 US

New Principal Place of Business:

905 CROWS NEST LANE
TAMPA, FL 33602 US

Current Mailing Address:

P. O. BOX 1357
LUTZ, FL 33548 US

New Mailing Address:

905 CROWS NEST LANE
TAMPA, FL 33602 US

FEI Number: 59-3255323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, MALINI
18109 WOODCREEK PLACE
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

MCDONALD, MALINI
905 CROWS NEST LANE
TAMPA, FL 33602 US

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:

07/26/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MCDONALD, MALINI
Address: 18109 WOODCREEK PLACE
City-St-Zip: LUTZ, FL 33548

Title: DVS (X) Delete
Name: MCDONALD, IAN M
Address: 18109 WOODCREEK PLACE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MCDONALD, MALINI
Address: 905 CROWS NEST LANE
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MALINI MCDONALD

CEO

07/26/2004

Electronic Signature of Signing Officer or Director

Date