

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90123 027 ***150.00

DOCUMENT # P94000043001

1. Entity Name
FAMILY CARE OF WEST FLORIDA, INC.



Principal Place of Business
**3802 EHRILICH ROAD
STE 312
TAMPA FL 33624
US**

Mailing Address
**P. O. BOX 1357
LUTZ FL 33548
US**

2. Principal Place of Business
18109 WOODCREEK PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LUTZ FLORIDA

City & State

Zip Country
33548 U.S.A.

Zip Country

4. FEI Number **59-3255323**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCDONALD, MALINI
18109 WOODCREEK PLACE
LUTZ FL 33548**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **MCDONALD, MALINI**
STREET ADDRESS **18109 WOODCREEK PLACE**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE **DVS** ☐ Delete
NAME **MCDONALD, IAN M**
STREET ADDRESS **18109 WOODCREEK PLACE**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2003 (813)240-4747

Date

Daytime Phone #

CR2E034 (10/02)