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 # **P95000039524 (0)**

1. Corporation Name

FAMILY SERVICE CARE, INC.

Principal Place of Business	Mailing Address
175 FONTAINBLEAU BLVD. SUITE 207 MIAMI FL 33172	175 FONTAINBLEAU BLVD. SUITE 207 MIAMI FL 33172

3. Date Incorporated or Qualified: 05/18/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 175 FOUNTAINEBLEAU BLVD
Suite, Apt. #, etc.
27 Suite 2-K
City & State
28 Miami, FL
Zip 29 33172 Country 30

4. FEI Number: 65-0583341 ☐ 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

DIEGO, KARELY
3456 S.W. 25TH TERRACE
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIEGO, KARELY		1.2 NAME		
STREET ADDRESS	3456 S.W. 25TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP		
TITLE	PTD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CABRERA, NELSON		2.2 NAME		
STREET ADDRESS	6239 S.W. 127TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME			3.2 NAME	DIEGO, JORGE F.	
STREET ADDRESS			3.3 STREET ADDRESS	3456 SW 25 TER	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE		☐ DELETE	4.1 TITLE	MANAGING DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME	AIDA L. BARRERAS	
STREET ADDRESS			4.3 STREET ADDRESS	217 N. HERITAGE CIRCLE Box 227	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karely Diego - KARELY DIEGO President 6/4/96 (904)2288399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone