2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOCUMENT # P97000061770 Jul 18, 2008 08:00 AM Secretary of State 1. Entity Name FAMILY CARE, INC. Principal Place of Business Mailing Address 6078 14TH STREET WEST 6078 14TH STREET WEST BRADENTON, FL 34207 BRADENTON, FL 34207 07152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3457280 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ASAD, ALI DR DO NOT WRITE 6078 14TH STREET WEST BRADENTON, FL 34207 IN THIS SPACE 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME DR. ALI STREET ADDRESS 6078 14TH STREET WEST CITY-ST-ZIP BRADENTON, FL 34207 U00000955598 07/18/08-80004-009 550.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

171 130 1