


FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105004 (0)

1. Corporation Name
ISLAND FAMILY CARE, INC.

Principal Place of Business
103400 OVERSEAS HIGHWAY, SUITE 240
KEY LARGO FL 33037

Mailing Address
103400 OVERSEAS HIGHWAY, SUITE 240
KEY LARGO FL 33037

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

2a. Mailing Address
26 P.O. Box 528
27 Suite, Apt. #, etc.
28 City & State
29 Key Largo FL
30 Zip
31 33037
32 Country
33 USA

3. Date Incorporated or Qualified
12/12/1997

4. FEI Number
65-0808117

5. Certificate of Status Desired
8. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

6. \$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees
Yes No

9. Name and Address of Current Registered Agent
LAWYER, STEVEN L D.O.
103400 OVERSEAS HIGHWAY, SUITE 240
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, 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

12. OFFICERS AND DIRECTORS
12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP
12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-ST-ZIP
12.9 TITLE
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12.99 STREET ADDRESS
12.100 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE
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13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE
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13.100 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.