


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/

FILED
Jul 08, 2005 8:00 am
Secretary of State

06-13-2005 90004 040 ***150.00

DOCUMENT # P97000105004	
1. Entity Name ISLAND FAMILY CARE, INC.	

Principal Place of Business 103400 OVERSEAS HIGHWAY, SUITE 240 KEY LARGO, FL 33037	Mailing Address P.O. BOX 528 KEY LARGO, FL 33037 US
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66024363



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06032005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0808117	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LAWYER, STEVEN L P.O. BOX 528 103400 OVERSEAS HWY, St. 240 KEY LARGO, FL 33037 BOX 528	

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
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFF LAWYER, STEVEN L 103400 OVERSEAS HIGHWAY, SUITE 240 BOX 528 KEY LARGO, FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-05 305-4651-4600
Date Daytime Phone #

ATTACHMENT



66024363

Island Family Care

Steven L. Lawyer, D.O.
Board Certified in Family Medicine

Katherine S. Gong, L.C.S.W., D.C.S.W.
Licensed Clinical Social Worker

Liz Hussey, A.R.N.P.
Family Nurse Practitioner

June 30, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Subject: Island Family Care, Inc.
Reference #P97000105004

To Whom It May Concern:

Please be advised that we did not receive a corporation annual report in January 2005, this is the first report that we have received. Please see the box adjacent to box nine noting the due date and waive the \$400.00 late fee.

If I can be of further assistance in this matter, please feel free to contact me
At the number listed below.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven L. Lawyer".

Steven L. Lawyer, D.O.