

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082736

Entity Name: FAMILY PRIVATE CARE, INC.

FILED  
Feb 17, 2011  
Secretary of State

## Current Principal Place of Business:

8900 SE ROBWN STREET  
HOBE SOUND, FL 33455

## New Principal Place of Business:

## Current Mailing Address:

8900 SE ROBWN STREET  
HOBE SOUND, FL 33455

## New Mailing Address:

FEI Number: 65-0943775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOFTE, JON W  
8900 SE ROBWN ST  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: IRVINE, DEBORAH  
Address: 13518 SE FLORA AVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: T  
Name: TOFTE, JON W  
Address: 9342 SE BETHEL WAY  
City-St-Zip: HOBE SOUND, FL 33455

Title: D  
Name: UBER, GARY P  
Address: 7914 SE OSPREY ST  
City-St-Zip: HOBE SOUND, FL 33455

Title: D  
Name: JOHNS, CHARLES  
Address: 8900 SE ROBWN ST  
City-St-Zip: HOBE SOUND, FL 33455

Title: D  
Name: MCDOWELL, DEREK  
Address: 2601 S BAYSHORE DR, STE 1425  
City-St-Zip: MIAMI, FL 33133

Title: D  
Name: MALONE, JAMES  
Address: 2601 S BAYSHORE DR, STE 1425  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JON W. TOFTE

T

02/17/2011

Electronic Signature of Signing Officer or Director

Date