

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766669

**FILED**  
**Feb 15, 2013**  
**Secretary of State**  
**CC6859178420**

**Entity Name:** FIRST CARE FAMILY RESOURCES, INC.

**Current Principal Place of Business:**

2200 CENTREPARK WEST DRIVE  
SUITE 300  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2200 CENTREPARK WEST DRIVE  
SUITE 300  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-2248369

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEE, JOSEPH MESQ.  
1005 LAKE AVENUE  
LAKE WORTH, FL 33460 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name BARHAM, MONA  
Address 135 VIA MARIPOSA  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VC  
Name VIRELLES, MOISES  
Address 15710 CEDAR GROVE LANE  
City-State-Zip: WELLINGTON FL 33414

Title TREASURER  
Name WILEY, ROY  
Address 224 OCEAN DUNES CIRCLE  
City-State-Zip: JUPITER FL 33477

Title SECRETARY  
Name CRAWFORD, SANDRA  
Address 13051 SHERIDAN TER  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name BOSWELL, HOLLY  
Address 3281 MONET DR W  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name PATE, PAT  
Address 8387 AVOCADO BLVD  
City-State-Zip: WEST PALM BEACH FL 33412

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MONA BARHAM

**CHAIRMAN**

**02/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date