

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015502

Entity Name: FLORIDA FAMILY CARE, INC.

Current Principal Place of Business:

441 S. STATE ROAD 7
SUITE 5
MARGATE, FL 33068

Current Mailing Address:

441 S. STATE ROAD 7
SUITE 5
MARGATE, FL 33068

FEI Number: 42-1574745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'TOOLE, LISA M
441 S. STATE ROAD 7
SUITE 5
MARGATE, FL 33068 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 P
Name O'TOOLE, LISA M
Address 441 S. STATE ROAD 7, SUITE 5
City-State-Zip: MARGATE FL 33068

Title S,T
Name O'TOOLE, LISA M
Address 441 S. STATE ROAD 7, SUITE 5
City-State-Zip: MARGATE FL 33068

Title VP
Name O'TOOLE, KIERAN J
Address 441 S. STATE ROAD 7, SUITE 5
City-State-Zip: MARGATE FL 33068

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: LISA M. O'TOOLE

PRES

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date