

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015502

Entity Name: FLORIDA FAMILY CARE, INC.**Current Principal Place of Business:**1707 N. STATE ROAD 7
MARGATE, FL 33063**Current Mailing Address:**1707 N. STATE ROAD 7
MARGATE, FL 33063 US**FEI Number:** 42-1574745**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'TOOLE, LISA M
1707 N. STATE ROAD 7
MARGATE, FL 33063 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	Title	S, T
Name	O'TOOLE, LISA M	Name	O'TOOLE, LISA M
Address	1707 N. STATE ROAD 7	Address	1707 N. STATE ROAD 7
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063
Title	VP		
Name	O'TOOLE, KIERAN J		
Address	1707 N. STATE ROAD 7		
City-State-Zip:	MARGATE FL 33063		

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

03/15/2021

Electronic Signature of Signing Officer/Director Detail_____
Date