

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000084237

Entity Name: FAMILY CARE CENTER CORP

Current Principal Place of Business:

2928 DANIELS STREET
MARIANA, FL 32446

Current Mailing Address:

2928 DANIELS STREET
MARIANA, FL 32446 US

FEI Number: 47-2066690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, NOLBERTO
86 WINDRIDGE LN
PANAMA CITY BEACH, FL 32413 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 DIRECTOR
Name SANCHEZ, NOLBERTO A
Address 86 WINDRIDGE LN
City-State-Zip: PANAMA CITY BEACH FL 32413

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: NOLBERTO A. SANCHEZ

DIRECTOR

03/02/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date