

**2021 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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 A DR.  
333 EAGLE DR  
PANAMA CITY BEACH, FL 32407 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:** NOLBERTO A. SANCHEZ

04/19/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            SANCHEZ, NOLBERTO A DR.  
Address        333 EAGLE DR  
City-State-Zip: PANAMA CITY BEACH FL 32407

*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 , OWNER

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date