

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002324

FILED
Apr 10, 2012
Secretary of State

Entity Name: ALICARE, INC.

Current Principal Place of Business:

333 WESTCHESTER AVENUE
ATTN: CLAIRE PIZZUTI
WHITE PLAINS, NY 10604

New Principal Place of Business:

Current Mailing Address:

333 WESTCHESTER AVENUE
ATTN: CLAIRE PIZZUTI
WHITE PLAINS, NY 10604

New Mailing Address:

FEI Number: 13-3432221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: WALSH, DAVID J
Address: 333 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: EVP
Name: SCHWARTZ, IRA
Address: 333 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: EVP
Name: MALLEN, PAUL
Address: 333 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: EVP
Name: HIRSCH, MICHAEL
Address: 333 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: SEC
Name: SCHWARTZ, MARK
Address: 333 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: VP
Name: CHAKRABORTY, NINA
Address: 333 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

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: MARK SCHWARTZ

SEC

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date