2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2011
Secretary of State

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Entity Name: AMERICAN WELL CARE INC

Current Principal Place of Business:

6802 N ARMENIA AVENUE
TAMPA, FL 33604

New Principal Place of Business:

1612 W WATERS AVE
TAMPA, FL 33604

Current Mailing Address:

6802 N ARMENIA AVENUE
TAMPA, FL 33604

New Mailing Address:

1612 W WATERS AVE
TAMPA, FL 33604

FEI Number: 26-4684306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES J. PULKOWSKI, CPA, PA
150 E. BLOOMINGDALE AVENUE
176
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

DUCHESNEAU, MICHAEL A MD
4015 BAYSHORE BLVD
16A
TAMPA, FL 33611 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: MICHAEL A DUCHESNEAU MD 04/08/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,D
Name: DUCHESNEAU, MICHAEL A MD
Address: 4015 BAYSHORE BLVD #16A
City-St-Zip: TAMPA, FL US

Title: VP,D
Name: COMPETELLI, PATRICK
Address: 4511 GANDY BLVD
City-St-Zip: TAMPA, FL 33611

Title: STD
Name: KEHR, JEFF
Address: 4511 GANDY BLVD
City-St-Zip: TAMPA, FL 33611

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: MICHAEL A DUCHESNEAU MD P,D 04/08/2011
Electronic Signature of Signing Officer or Director Date