

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032665

FILED
Jan 14, 2009
Secretary of State

Entity Name: AMERI-PLUS PREFERRED CARE, INC.

Current Principal Place of Business:

411 NORTH BAYLEN STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

411 NORTH BAYLEN STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3533654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTH, HEATHER L
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER, FL 34623 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARASCH, RICHARD
Address: 6 INTERNATIONSL DRIVE, STE 190
City-St-Zip: RYE BROOK, NY 10573

Title: D () Delete
Name: BRYANT, GARY
Address: 1001 HEATHROW PARK LANE, SUITE 5001
City-St-Zip: LAKE MARY, FL 32746

Title: O/D () Delete
Name: ISRAEL, JASON
Address: 411 NORTH BAYLEN STREET
City-St-Zip: PENASCOLA, FL 32502

Title: O/D () Delete
Name: JACOBS, GARY
Address: 3050 UNIVERSAL BLVD, STE 150
City-St-Zip: WESTON, FL 33331

Title: O () Delete
Name: SHERMAN, LEONARD G
Address: 411 NORTH BAYLEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: WAEGELEIN, ROBERT
Address: 6 INTERNATIONAL DRIVE, STE 190
City-St-Zip: TYE BROOK, NY 10573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JASON J. ISRAEL

O/D

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date