

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032665

FILED
Jan 07, 2011
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:

33 BRENT LANE
SUITE 104
PENSACOLA, FL 32503

Current Mailing Address:

411 NORTH BAYLEN STREET
PENSACOLA, FL 32501

New Mailing Address:

33 BRENT LANE
SUITE 104
PENSACOLA, FL 32503

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MARGARET MCCURRY

VP

01/07/2011

Electronic Signature of Signing Officer or Director

Date