FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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Aug 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54712

1. Corporation Name
AMERICARE SCHOOL OF NURSING INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: July 28, 1992

2. Principal Place of Business	2a. Mailing Address
21 2054 N. SEMORAN BLVD.	26 2054 N. SEMORAN BLVD.
Suite, Apt. #, etc. 22 108	Suite, Apt. #, etc. 27 108
City & State 23 WINTER PARK, FL.	City & State 28 WINTER PARK, FL.
Zip 24 32792 Country 25 USA	Zip 29 32792 Country 30 USA

4. FEI Number: 59-3135811 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: X Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: GERALD NEWMAN
82 Street Address (P.O. Box Number is Not Acceptable): 3045 S. A1A #601
83
84 City: MELB BCH — FL — 85 Zip Code: 32951

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Gerald Newman — DATE: 6/11/98.

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GERALD NEWMAN PRES. 3045 S. A1A. MELB BCH FL 32951	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUSAN NEWMAN V.P. SEC/TREASURER SAME.	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	700002610137 -08/07/98--01004--031 ***150.00	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	700002610137 -08/07/98--01004--032 ***8.75	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

PE 8-3

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental attachments is true and accurate and that my 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 in Block 12 or Block 13 if changed or added.

SIGNATURE: Gerald Newman — 6/11/98 — 407-673-7406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

06/11/98

PJ2

To Secretary of State
PO Box 6327
Tallahassee, Fl. 32314

From: American School of Nursing Inc.
2054 N. Semoran Blvd. #108
Winter Park, Fl. 32792

We are late in filing our annual report, because we did not receive it, and had to call your office to have one sent to us. We would appreciate it very much if you could wave the penalty for not filing by May 1st 1998. Thank you very much for your cooperation in this matter.

Sincerely,
Tina Tirazzo
Administrative Assistant