2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2009
Secretary of State

DOCUMENT# V54712

Entity Name: AMERICARE SCHOOL OF NURSING INC.

Current Principal Place of Business:

7275 ESTAPONA CIRCLE
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

PO BOX 300345
FERN PARK, FL 327300345

New Mailing Address:

FEI Number: 59-3135811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, GERALD
716 RANONA LANE
ORLANDO, FL 32804 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEWMAN, GERALD
Address: 716 RANONA LANE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GERALD NEWMAN P 08/18/2009

Electronic Signature of Signing Officer or Director Date