

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000032665

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC8683250285**

**Entity Name:** AMERI-PLUS PREFERRED CARE, INC.

**Current Principal Place of Business:**

1001 HEATHROW PARK LANE  
SUITE 5001  
LAKE MARY, FL 32746

**Current Mailing Address:**

1001 HEATHROW PARK LANE  
SUITE 5001  
LAKE MARY, FL 32746

**FEI Number:** 59-3533654

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

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

Title O/D  
Name ISRAEL, JASON  
Address 1001 HEATHROW PARK LANE  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name WAEGELEIN, ROBERT  
Address 6 INTERNATIONAL DRIVE, STE 190  
City-State-Zip: RYE 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:** JASON ISRAEL

**CHIEF OPERATING  
OFFICER**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date