

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000032665

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

**Current Principal Place of Business:**

1064 GREENWOOD BLVD  
SUITE 200  
LAKE MARY, FL 32746

**Current Mailing Address:**

P.O. BOX 958465  
LAKE MARY, FL 32795-8465 US

**FEI Number:** 59-3533654

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** LYNETTE COLEMAN

01/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BARASCH, RICHARD  
Address 44 SOUTH BROADWAY  
SUITE 1200  
City-State-Zip: WHITE PLAINS NY 10601

Title DIRECTOR  
Name CANNONE, RICHARD M  
Address 1001 HEATHROW PARK LANE  
SUITE 5001  
City-State-Zip: LAKE MARY FL 32746

*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:** RICHARD M. CANNONE

DIRECTOR

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date