


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000001744		
1. Entity Name ANCARE CORPORATION		
Principal Place of Business 2647 GRAND AVENUE BELLMORE, NY 11710	Mailing Address PO BOX 814 BELLMORE, NY 11710	
DO NOT WRITE IN THIS SPACE		

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2070126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUNSTER, JOHN 2521 SOUTHEAST 22ND CT CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

0000000954549
07/14/08-30006-006 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANAREK, MITCHELL 1618 WALNUT AVEUE MERRICK, NY 11566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #