2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# F08000001212

Entity Name: AMERICARE HEALTH SERVICES CORP.

Current Principal Place of Business:

101 SUN AVE. NE
ALBUQUERQUE, NM 87109

New Principal Place of Business:

Current Mailing Address:

101 SUN AVE. NE
ALBUQUERQUE, NM 87109

New Mailing Address:

FEI Number: 22-3046557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD
Name: NYLAND, PETER
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: D
Name: SHAUL, BRYAN
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: V
Name: NEWMAN, MICHAEL
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: S
Name: BERG, MICHAEL T
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: T
Name: RIDDLE, BRANDI
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

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: MICHAEL T. BERG S 05/04/2010

Electronic Signature of Signing Officer or Director — Date