

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

019/03

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90087 023 ***158.75

DOCUMENT # **F97000002932**

1. Corporation Name

AMERICARE HEALTH GROUP, INC.



Principal Place of Business

Mailing Address

**3001 PONCE DE LEON BLVD. STE 200
CORAL GABLES FL 33134**

**3001 PONCE DE LEON BLVD. STE 200
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

11-3188306

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 21131 NE 24 CT

26 21131 NE 24 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL

28 MIAMI FL

Zip Country

Zip Country

24 33180 25 DADE

29 33180 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, ROBERT E
3001 PONCE DE LEON BLVD. STE 200
CORAL GABLES FL 33134**

81 Name
MICHAEL H. JORDAN

82 Street Address (P.O. Box Number is Not Acceptable)
21131 NE 24 CT

83 City
MIAMI

84 City
MIAMI

FL

85 Zip Code
33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating.

3/15/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE CPD
NAME REBELLO, FRANCIS A
STREET ADDRESS 7220 NW 7TH STREET
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE SD
NAME JORDAN, MICHAEL H
STREET ADDRESS 21131 NE 24TH COURT
CITY-ST-ZIP MIAMI FL 33180

☐ DELETE

TITLE D
NAME SCHWEIGER, JOSEPH
STREET ADDRESS 1196 NE 97TH ST
CITY-ST-ZIP MIAMI FL 33138

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Michael H. Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

3/15/99
Date

305 932 0245
Daytime Phone #

CR2E034 (11/98)