2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2011
Secretary of State

DOCUMENT# J22180

Entity Name: ALTERNATE CARE MANAGEMENT, INC.

Current Principal Place of Business:

10540 LA REINA ROAD
DELRAY BEACH, FL 334462725 US

New Principal Place of Business:

Current Mailing Address:

10540 LA REINA ROAD
DELRAY BEACH, FL 334462725 US

New Mailing Address:

FEI Number: 59-2708371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, RONALD D
10540 LA REINA RD.
DELRAY BEACH, FL 334462725 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

OFFICERS AND DIRECTORS:

Title: PST
Name: SIMON, RONALD D.
Address: 10540 LA REINA ROAD
City-St-Zip: DELRAY BEACH, FL 334462725

Title: D
Name: SIMON, RONALD D.
Address: 10540 LA REINA ROAD
City-St-Zip: DELRAY BEACH, FL 334462725

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: RONALD SIMON P 04/02/2011

Electronic Signature of Signing Officer or Director — Date