

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90324 021 \*\*\*150.00

**DOCUMENT # L68342**

1. Entity Name  
**AMERICARE HEALTH SYSTEMS, INC.**

Principal Place of Business

**803 S. ORLANDO AVE  
SUITE C  
WINTER PARK FL 32789  
US**

Mailing Address

**803 S. ORLANDO AVE  
SUITE C  
WINTER PARK FL 32789  
US**

2. Principal Place of Business

**961 E. ALTAMONTE DR.**

3. Mailing Address

**961 E. ALTAMONTE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ALTAMONTE SPRINGS, FL**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

**32701**

Country

**SEMINOLE**

Zip

**32701**

Country

**SEMINOLE**

4. FEI Number **59-3003851**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, ARTHUR JR  
803 S. ORLANDO AVE  
SUITE C  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name  
**ARTHUR WRIGHT, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**961 E. ALTAMONTE DR.**

City **ALTAMONTE SPRINGS FL** Zip Code **32701**

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.

SIGNATURE

Signature of registered agent and type of authority

**PRESIDENT**

(NOTE: Registered Agent's signature required when reinstating)

**4/20/01**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **WRIGHT, ARTHUR M. JR.**  
STREET ADDRESS **409 IPSWICH AVENUE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VSD** ☐ Delete  
NAME **SHEPHARD, JEFFREY J**  
STREET ADDRESS **684 TUSCORA DR**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ARTHUR M. WRIGHT, JR. PRESIDENT** **4/20/01** **407-628-1495**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)