

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68342

FILED
Jan 05, 2011
Secretary of State

Entity Name: AMERICARE HEALTH SYSTEMS, INC.

Current Principal Place of Business:

1823 3RD STREET NORTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51582
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 59-3003851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, MICHAEL L ESQ
1122 THIRD ST, SUITE 3
NEPTUNE BEACH, FL 32266 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: PTD
Name: WALT, THOMAS C
Address: 600 PONTE VEDRA BLVD #105
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: THOMAS C WALT

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date