

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74690

FILED
Apr 30, 2009
Secretary of State

Entity Name: AMERICAN CARE CENTERS, INC.

Current Principal Place of Business:

% LODOISKA GARCIA
11255 S.W. 211 ST.
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

% LODOISKA GARCIA
11255 S.W. 211 ST.
MIAMI, FL 33189

New Mailing Address:

FEI Number: 65-0211140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JOSE E JR
11255 SW 211 ST
MIAMI, FL 33189 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GARCIA, JOSE E., JR
Address: 11255 SW 211 ST
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: GARCIA, URSULA
Address: 11255 SW 211 ST
City-St-Zip: MIAMI, FL 33189

Title: VPSD () Delete
Name: GARCIA, LODOISKA
Address: 11255 SW 211 ST
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: BLANCO, ADOLFO F
Address: 448 E. 40 STREET
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LODOISKA GARCIA

VP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date