

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46063

FILED
Apr 26, 2007
Secretary of State

Entity Name: AMERICARE RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

20 N.W. 181 STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20 N.W. 181 STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0301425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ANGELO, DR. JOSEPH P.
20 N.W. 181ST STREET
MIAMI, FL 33169 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 () Delete
Name: D'ANGELO, DR. JOSEPH, P.
Address: 400 POINCIANA DR.
City-St-Zip: HALLANDALE, FL

Title: D () Delete
Name: D'ANGELO,EUGENE,
Address: 20 N.W. 181ST STREET
City-St-Zip: MIAMI, FL 33169

Title: DS () Delete
Name: HORTMAN, RON
Address: 3601 NE 170TH STREET #508
City-St-Zip: MIAMI, FL 33160

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P D'ANGLEO

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date