2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# N96000004318

Entity Name: AMERICARE PATIENT ASSISTANCE, INC

Current Principal Place of Business:

119 BELLES CHASE COURT
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

119 BELLES CHASE COURT
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3414335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARRIGONI, THOMAS J
377 CR 309
SATSUMA, FL 32189 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: TS
Name: HUGHS, JENNIFER
Address: P.O. BOX 252
City-St-Zip: SATSUMA, FL 32184

Title: P
Name: HOOTEN, JERRY
Address: POST BOX 458
City-St-Zip: WELAKA, FL 321930458

Title: P
Name: HODTEN, JERRY
Address: P.O. BOX 458
City-St-Zip: WALAKA, FL 321930458

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

SIGNATURE: JENNIFER HUGHS TS 04/11/2012

Electronic Signature of Signing Officer or Director Date