

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 29, 2012  
Secretary of State**

DOCUMENT# N96000006301

Entity Name: ALMEGACARE, INC.

**Current Principal Place of Business:**907 E. 2ND PLAZA  
PANAMA CITY, FL 32401**New Principal Place of Business:****Current Mailing Address:**907 E. 2ND PLAZA  
PANAMA CITY, FL 32401**New Mailing Address:**P.O. BOX 621  
PANAMA CITY, FL 32402

FEI Number: 59-3415147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**JAMES DAVID KEITH  
907 E. 2ND PLAZA  
PANAMA CITY, FL 32401 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: PSTD  
Name: KEITH, JAMES DAVID  
Address: 907 E. 2ND PLAZA  
City-St-Zip: PANAMA CITY, FL 32401Title: D  
Name: WILLIAMS, ALTAMEASE  
Address: 907 E. 2ND PLAZA  
City-St-Zip: PANAMA CITY, FL 32401Title: D  
Name: PEREZ, VICKI  
Address: 907 E. 2ND PLAZA  
City-St-Zip: PANAMA CITY, FL 32401Title: D  
Name: WILLIAMS, JOSEPHUS  
Address: 907 E. 2ND PLAZA  
City-St-Zip: PANAMA CITY, FL 32401

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: J. DAVID KEITH

PRES

11/29/2012

Electronic Signature of Signing Officer or Director

Date