

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000010054

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

**Entity Name:** AMERICARE HEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

9121 65TH WAY  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

9121 65TH WAY  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:** 13-4234834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAPADIA, MUNAF S  
9121 65TH WAY  
PINELLAS PARK, FL 33782 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: PRSD  
Name: KAPADIA, MUNAF  
Address: 9121 65TH WAY  
City-St-Zip: PINELLAS PARK, FL 33782

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: MUNAF S KAPADIA

PRSD

02/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date