


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000039339		
1. Entity Name AMERICARE ALS, INC.		
Principal Place of Business 600 MADISON STREET TAMPA, FL 33602	Mailing Address 600 MADISON STREET TAMPA, FL 33602	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent CARR, DAVID M 600 MADISON STREET TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, RONALD W SR. 6818 THONOTOSASSA ROAD PLANT CITY, FL 33565	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, DAVID M 600 MADISON STREET TAMPA, FL 33602	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: x <u>Ronald W. Mason</u> <u>RONALD W MASON</u> 2-9-05 (813) 930-0911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3111913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/15/05 60005 607 300.00