

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106061

FILED
Apr 28, 2005
Secretary of State

Entity Name: AMERINET HEALTHCARE GROUP, INC.

Current Principal Place of Business:

2800 BISCAYNE BLVD STE 730
MIAMI, FL 33137

New Principal Place of Business:

601 COLLINS AVE
STE F
MIAMI BEACH, FL 33139

Current Mailing Address:

2800 BISCAYNE BLVD STE 730
MIAMI, FL 33137

New Mailing Address:

601 COLLINS AVE
STE F
MIAMI BEACH, FL 33139

FEI Number: 20-0387567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, TOMMY D
2800 BISCAYNE BLVD STE 730
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

MEADOWS, TOMMY D
601 COLLINS AVE
STE F
MIAMI BEACH, FL 33139 US

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: TOMMY D MEADOWS

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEADOWS, ALISHA M
Address: 2800 BISCAYNE BLVD STE 730
City-St-Zip: MIAMI, FL 33137

Title: SD () Delete
Name: MEADOWS, TOMMY D
Address: 2800 BISCAYNE BLVD STE 730
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEADOWS, TOMMY D
Address: 601 COLLINS AVE STE F
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Change () Addition
Name: MEADOWS, ALISHA M
Address: 601 COLLINS AVE STE F
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TOMMY D MEADOWS

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date