2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P04000012156

Entity Name: AMERICARE HOME THERAPY, INC.

Current Principal Place of Business:

4131 UNIVERSITY BLVD. S.
BLDG. 17
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4131 UNIVERSITY BLVD. S.
BLDG. 17
JACKSONVILLE, FL 32216

New Mailing Address:

4131 UNIVERSITY BLVD. S.
BLDG. 12
JACKSONVILLE, FL 32216

FEI Number: 32-0103139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIBSON, TOM
6457 POTTSBURG DR.
JACKSONVILLE, FL 32277 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: PTD
Name: GIBSON, TOM
Address: 6457 POTTSBURG DR.
City-St-Zip: JACKSONVILLE, FL 32211

Title: VSD
Name: HICKS, ANTHONY
Address: 1768 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

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: ANTHONY HICKS VSD 01/05/2012

Electronic Signature of Signing Officer or Director Date