

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128459

FILED
Mar 18, 2011
Secretary of State

Entity Name: AMERICARE HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

5020 TAMIAMI TRAIL N, STE 202
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5020 TAMIAMI TRAIL N, STE 202
NAPLES, FL 34103

New Mailing Address:

FEI Number: 75-3168709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KERN, MARLENE J
5020 TAMIAMI TRAIL N.
SUITE 202
NAPLES, FL 34103 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: P
Name: KERN, MARLENE
Address: 5020 TAMIAMI TR. N. #202
City-St-Zip: NAPLES, FL 34103 US

Title: V
Name: STEWART, LOUISE
Address: 5020 TAMIAMI TR. N., #202
City-St-Zip: NAPLES, FL 34103 US

Title: ST
Name: MARKISEN, SUZANNE
Address: 5020 TAMIAMI TR. N. #202
City-St-Zip: NAPLES, FL 34103

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: MARLENE KERN

P

03/18/2011

Electronic Signature of Signing Officer or Director

Date