

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044938

FILED
Apr 03, 2009
Secretary of State

Entity Name: AMERICARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

5545 SW 8TH STREET
SUITE 105
MIAMI, FL 33134

New Principal Place of Business:

2137 W MARTIN LUTHER KING BLVD
SUIT-A
TAMPA, FL 33607

Current Mailing Address:

5545 SW 8TH STREET
SUITE 105
MIAMI, FL 33134

New Mailing Address:

2137 W MARTIN LUTHER KING BLVD
SUIT-A
TAMPA, FL 33607

FEI Number: 04-3851473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARCELO, DIXAN
5545 SW 8TH STREET
SUITE 105
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

BARCELO, DIXAN
2137 W MARTIN LUTHER KING BLVD
SUIT-A
TAMPA, FL 33607 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:

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BARCELO, DIXAN
Address: 5545 SW 8TH STREET, SUITE 105
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BARCELO, DIXAN
Address: 2137 W MARTIN LUTHER KING BLVD SUIT-A
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIXAN BARCELO

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date