

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000031470

Entity Name: AMERICAN SENIOR CARE INC.

FILED
Dec 11, 2009
Secretary of State

Current Principal Place of Business:

494 MAPLE AVE.
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

494 MAPLE AVE.
FORT PIERCE, FL 34982

New Mailing Address:

P O BOX 2491
FORT PIERCE, FL 34954

FEI Number: 33-1209001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOSEPH, ROSEMARY
1515 SAN DIEGO AVE
FORT PIERCE, FL 34946 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: ROSEMARY JOSEPH

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSEPH, ROSEMARY
Address: 1515 SAN DIEGO AVE
City-St-Zip: FORT PIERCE, FL 34946 US

Title: VP () Delete
Name: BROWN, RASHAWNDA R
Address: 1515 SAN DIEGO AVE
City-St-Zip: FORT PIERCE, FL 34946 US

Title: SEC () Delete
Name: JONES, DAN JR
Address: 1515 SAN DIEGO AVE
City-St-Zip: FORT PIERCE, FL 34946 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSEMARY JOSEPH

Electronic Signature of Signing Officer or Director

PRES

12/11/2009

Date