

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000063846

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: AMERICARE HEALTH GROUP CORP

## Current Principal Place of Business:

5950 LAKEHURST DR  
STE 249  
ORLANDO, FL 32819

## New Principal Place of Business:

5950 LAKEHURST DR  
STE 249  
ORLANDO, FL 32819 US

## Current Mailing Address:

5950 LAKEHURST DR  
STE 249  
ORLANDO, FL 32819

## New Mailing Address:

5950 LAKEHURST DR  
STE 249  
ORLANDO, FL 32819 US

FEI Number: 27-3190369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUCINELLI, MARIO LUIZ C  
11449 CLAYMONT CIRCLE  
WINDERMERE, FL 34786 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: PORTIGLIATTI, ANTHONY  
Address: 5950 LAKEHURST DR STE 101  
City-St-Zip: ORLANDO, FL 32819 US

Title: DT  
Name: PUCINELLI, MARIO LUIZ C  
Address: 11449 CLAYMONT CIRCLE  
City-St-Zip: WINDERMERE, FL 34786 US

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: MARIO LUIZ PUCINELLI

DT

02/17/2011

Electronic Signature of Signing Officer or Director

Date