2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P10000100100

Entity Name: AMERICAN CARE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

11255 S.W. 211TH STREET
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

11255 S.W. 211TH STREET
MIAMI, FL 33189

New Mailing Address:

FEI Number: 27-4220284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROMANCE, MARK
201 S. BISCAYNE BLVD.
STE 1000
MIAMI, FL 33131 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: GARCIA, JOSE E MD
Address: 11255 S.W. 211TH STREET
City-St-Zip: MIAMI, FL 33189

Title: VPSD
Name: GARCIA, LODOISKA
Address: 11255 S.W. 211TH STREET
City-St-Zip: MIAMI, FL 33189

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: LODOISKA GARCIA VPSD 04/26/2011

Electronic Signature of Signing Officer or Director Date