2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P95000045808

Entity Name: AMERICARE ASSISTED LIVING, INC.

Current Principal Place of Business:

2992 DAY RD
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

2992 DAY RD
DELTONA, FL 32738 US

New Mailing Address:

1665 LEXINGTON AVE, SUITE 103
DELAND, FL 32724 US

FEI Number: 59-3327543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, STEVE
3080 CAT TAIL LANE
DEBARY, FL 32713 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANDERSON, STEVEN
Address: 3080 CAT TAIL LANE
City-St-Zip: DEBARY, FL 32713

Title: S ( ) Delete
Name: ANDERSON, CAROLYN
Address: 3080 CAT TAIL LANE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEVEN P ANDERSON PRES 04/29/2009
Electronic Signature of Signing Officer or Director Date