

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90291 003 \*\*\*150.00

**DOCUMENT # P96000066302**

1. Entity Name  
**AMERICARE HEALTH SCAN, INC.**



Principal Place of Business  
20 N.W. 181ST STREET  
MIAMI, FL 33169

Mailing Address  
20 N.W. 181ST STREET  
MIAMI, FL 33169

**14012048**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0714522**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ANGELO, JOSEPH P  
400 POINCIANA DRIVE  
HALLANDALE, FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME D'ANGELO, JOSEPH P  
STREET ADDRESS 400 POINCIANA DRIVE  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SEIDEL, HORACE  
STREET ADDRESS 20 N.W. 181ST STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☒ Addition  
NAME D'Angelo, Eugene  
STREET ADDRESS 11031 Via Sorrento  
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE D ☐ Delete  
NAME KALLAN, JOEL  
STREET ADDRESS 20 N.W. 181ST STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HEYWOOD, BROAD  
STREET ADDRESS 8146 NW 91 AVENUE  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME FOLTUZ, GENE  
STREET ADDRESS 20 N.W. 181ST STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MALLIS, SAMUEL  
STREET ADDRESS 102-01 SYPLASS WAY  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04

305 770 1141