

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066302

FILED
Apr 29, 2008
Secretary of State

Entity Name: AMERICARE HEALTH SCAN, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0714522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ANGELO, JOSEPH P
400 POINCIANA DRIVE
HALLANDALE, FL 33009 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: PD () Delete
Name: D'ANGELO, JOSEPH P
Address: 400 POINCIANA DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: D'ANGELO, EUGENE
Address: 11031 VIA SORRENTO
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: KALLAN, JOEL
Address: 20 N.W. 181ST STREET
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: HEYWOOD, BROAD
Address: 8146 NW 91 AVENUE
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: HEICHBERGER, MARGARET
Address: 400 POINCIANA DRIVE
City-St-Zip: HALLANDALE, FL 33009

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:

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: JOSEPH P. D'ANGELO

PD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date