

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066302

FILED  
Apr 05, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: JOSEPH P. D'ANGELO

PD

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date