2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P96000093607

Entity Name: AMERICAN CARE, INC.

Current Principal Place of Business:

11255 SOUTHWEST 211TH STREEET
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

11255 SOUTHWEST 211TH STREEET
MIAMI, FL 33189

New Mailing Address:

FEI Number: 65-0712890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: PST ( ) Delete
Name: GARCIA, JOSE E JR.
Address: 5977 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: V ( ) Delete
Name: GARCIA, LODOISKA
Address: 5799 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: BLANCO, ADOLFO
Address: 448 E. 40 STREET
City-St-Zip: HIALEAH, FL 33013

Title: D ( ) Delete
Name: GARCIA, URSULA N
Address: 404 S 57 AVE
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: GARCIA, JOSE E JR.
Address: 11255 SW 211 ST
City-St-Zip: MIAMI, FL 33189

Title: VPSD (X) Change ( ) Addition
Name: GARCIA, LODOISKA
Address: 11255 SW 211 ST
City-St-Zip: MIAMI, FL 33189

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: LODOISKA GARCIA VPSD 04/23/2008

Electronic Signature of Signing Officer or Director — Date