2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

DOCUMENT# P97000034152

Entity Name: AACECARE, INC.

Current Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3644167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DONALD C
245 RIVERSIDE AVE
#200
JACKSONVILLE, FL 32202 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: D
Name: GARBER, ALAN J MD
Address: ONE BAYLOR PLAZA, BCM 620
City-St-Zip: HOUSTON, TX 77030 US

Title: D
Name: EINHORN, DANIEL MD
Address: 9850 GENESEE AVENUE SUITE 415
City-St-Zip: LA JOLLA, CA 92037 US

Title: D
Name: HANDELSMAN, YEHUDA MD
Address: 18372 CLARK STREET SUITE 212
City-St-Zip: TARZANA, CA 91356 US

Title: D
Name: GARBER, JEFFREY R MD
Address: 133 BROOKLINE AVE 5TH FLOOR
City-St-Zip: BOSTON, MA 02215 US

Title: CEO
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE. SUITE 200
City-St-Zip: JACKSONVILLE, FL 322024933 US

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: DONALD C. JONES CEO 03/26/2012

Electronic Signature of Signing Officer or Director Date