2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90411 031 ***158.75

DOCUMENT # V54712

1. Entity Name

AMERICARE SCHOOL OF NURSING INC.

Principal Place of Business	Mailing Address
2054 N. ~~SEMORAN~~ BLVD. 108 WINTER PA~~RK FL 32792~~	ABC TRAINING CENTERS OF AMERICA INC BOX 511028 MELB BEACH FL 32951

B0023016 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7275 ESTAPONA Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FERN PK FL	City & State
Zip: 32730 Country: USA	Zip / Country

4. FEI Number 59-3135811 — 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
NEWMAN, GERALD 3045 S. A1A #501 MELBOURNE BEACH FL 32951	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, GERALD 3045 S. AIA MELBOURNE BEACH FL 32951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NEWMAN, SUSAN 3045 S. AIA MELBOURNE BEACH FL 32951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/10/01 407-678-8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #