

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004318

Entity Name: AMERICARE PATIENT ASSISTANCE, INC

Current Principal Place of Business:

119 BELLES CHASE CT.
ST. AUGUSTINE, FL 32086

Current Mailing Address:

119 BELLES CHASE CT.
ST. AUGUSTINE, FL 32086

FEI Number: 59-3414335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARRIGONI, THOMAS J
119 BELLES CHASE CT.
ST. AUGUSTINE, FL 32086 US

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

Officer/Director Detail :

Title TSP
Name ARRIGONI, THOMAS
Address 119 BEALLS CHASE CT
City-State-Zip: ST. AUGUSTINE FL 32086

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS ARRIGONI

PRESIDENT

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date