

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006301

Entity Name: ALMEGACARE, INC.

Current Principal Place of Business:

907 E. 2ND PLAZA
PANAMA CITY, FL 32401

Current Mailing Address:

P.O. BOX 621
PANAMA CITY, FL 32402

FEI Number: 59-3415147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAMES DAVID KEITH
907 E. 2ND PLAZA
PANAMA CITY, FL 32401 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 PSTD
Name KEITH, JAMES DAVID
Address 907 E. 2ND PLAZA
City-State-Zip: PANAMA CITY FL 32401

Title D
Name WILLIAMS, ALTAMEASE
Address 907 E. 2ND PLAZA
City-State-Zip: PANAMA CITY FL 32401

Title D
Name PEREZ, VICKI
Address 907 E. 2ND PLAZA
City-State-Zip: PANAMA CITY FL 32401

Title D
Name WILLIAMS, JOSEPHUS
Address 907 E. 2ND PLAZA
City-State-Zip: PANAMA CITY FL 32401

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: JAMES DAVID KEITH

PRESIDENT

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date