

**2016 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:**

907 E. 2ND PLAZA  
PANAMA CITY, FL 32401 US

**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**

**04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date