

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039339

Entity Name: AMERICARE ALS, INC.**Current Principal Place of Business:**11301 US HWY 92 E
SEFFNER, FL 33584**Current Mailing Address:**11301 US HWY 92 E
SEFFNER, FL 33584**FEI Number: 75-3111913****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARR, DAVID M
501 N. MORGAN ST., SUITE 203
TAMPA, FL 33602 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 D
Name MASON, RONALD WSR.
Address 6818 THONOTOSASSA ROAD
City-State-Zip: PLANT CITY FL 33565Title D
Name MASON, JAMES D
Address 17606 OLD OAK WAY
City-State-Zip: LITHIA FL 33547Title D
Name CARR, CHRISTOPHER R
Address 11503 HUMBER PLACE
City-State-Zip: TEMPLE TERRACE FL 33617Title D
Name CARR, DAVID M
Address 501 N MORGAN ST #203
City-State-Zip: TAMPA FL 33602Title D
Name MASON, RONALD WJR
Address 6810 THONOTOSASSA RD
City-State-Zip: PLANT CITY FL 33565Title D
Name CARR, KELLI L
Address 11503 HUMBER PLACE
City-State-Zip: TEMPLE TERRACE FL 33617

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: RONALD W. MASON**PRESIDENT****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date