


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P21141
 1. Entity Name
 ARCADIA HEALTH SERVICES, INC.



Principal Place of Business
 26777 CENTRAL PARK BLVD. SUITE 200
 SOUTHFIELD, MI 48076

Mailing Address
 26777 CENTRAL PARK BLVD. SUITE 200
 SOUTHFIELD, MI 48076



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 38-2186866

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ELLIOT, JOHN E II 26777 CEMNTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO SPARLING, CATHY 26777 CEMNTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KUHNERT, LAWRENE 26777 CENTRAL PARK BLVE STE. #200 SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOT, JOHN E II 26777 CEMNTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHNERT, LAWRENCE 26777 CEMNTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, JOHN 26777 CEMNTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076

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 01/31/06-80012-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1-16-06 248 352 7530

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #