

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 DEC 12 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P21141			
1. Entity Name ARCADIA HEALTH SERVICES, INC.			
Principal Place of Business 26777 CENTRAL PARK BLVD, SUITE 200 SUITE 200 SOUTHFIELD, MI 48076 US		Mailing Address 26777 CENTRAL PARK BLVD, SUITE 200 SUITE 200 SOUTHFIELD, MI 48076 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RICHARDSON, MARVIN 26777 CENTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of TREASURY / FINANCE LAKSHU SUNDARAM 26777 CENTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPARLING, CATHY 26777 CENTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Treasurer Lynn K. Fetterman 26777 Central Park Blvd. STE 200 Southfield, MI 48076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FETERMAN, LYNN 26777 CENTRAL PARK BLVD, STE #200 SOUTHFIELD, MI 48076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300113405903 12/26/07--01050--008 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOT, JOHN E II 26777 CENTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, MARVIN 26777 CENTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURIELLO, JOSEPH 26777 CENTRAL PARK BLVD, STE 200 SOUTHFIELD, MI 48076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, in an address, with all other like empowered.			
SIGNATURE: <u>Lakshu Sundaram</u>		11-26-07 (248)352-7530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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