

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000233

FILED
Mar 09, 2011
Secretary of State

Entity Name: ACUTE CARE, INC.

Current Principal Place of Business:

1609 N ANKENY BLVD STE 200
ANKENY, IA 50023

New Principal Place of Business:

Current Mailing Address:

1609 N ANKENY BLVD STE 200
ANKENY, IA 50023

New Mailing Address:

FEI Number: 42-1341264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP
Name: MENADUE, MARK C
Address: 1609 N ANKENY BLVD STE 200
City-St-Zip: ANKENY, IA 50023

Title: V
Name: DAVIES, CHRISTIAN P
Address: 1609 N ANKENY BLVD STE 200
City-St-Zip: ANKENY, IA 50023

Title: COO
Name: HUDSON, PAUL
Address: 1609 N ANKENY BLVD STE 200
City-St-Zip: ANKENY, IA 50023

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: PAUL HUDSON

MR.

03/09/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date