

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005481**

1. Entity Name  
**ACCREDITO HEALTH SERVICES (INFUSION), INC.**



Principal Place of Business

**1640 CENTURY PKWY  
SUITE 101  
MEMPHIS, TN 38134**

Mailing Address

**1640 CENTURY PKWY  
SUITE 101  
MEMPHIS, TN 38134**



04082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3454100**

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  
660 EAT JEFFERSON STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
**T  
KIMBROUGH, JOEL R  
1640 CENTURY CENTER PKWY STE. 101  
MEMPHIS, TN 38134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BELL, THOMAS W JR.  
1640 CENTURY CENTER PKWY #101  
MEMPHIS, TN 38134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
STEVENS, DAVID  
1640 CENTURY CENTER PKWY  
MEMPHIS, TN 38134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000151981  
05/04/04-80066-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered.

**SIGNATURE:**

*Thomas W. Bell Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas W. Bell Jr.**

**4/28/04**  
Date

**901-385-3866**  
Daytime Phone #