


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 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
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03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3454100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 660 EAT JEFFERSON STREET TALLAHASSEE, FL 32301
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	

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05/05/05-80025-021 150.00

**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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05
Date

901-385-3488
Daytime Phone #