

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90283 019 \*\*\*150.00

**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

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

04092007

Chg-P

CR2E034 (12/06)

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  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete  
NAME WENTWORTH, TIMOTHY  
STREET ADDRESS 1640 CENTURY CENTER PKWY STE. 101  
CITY-ST-ZIP MEMPHIS, TN 38134

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

TITLE S ☐ Delete  
NAME MCINTOSH, COLLEEN  
STREET ADDRESS 100 PARSONS POND DR.  
CITY-ST-ZIP FRANKLIN LAKES, NJ 07417

TITLE T ☐ Delete  
NAME HOSE, WALTER  
STREET ADDRESS 100 PARSONS POND DR.  
CITY-ST-ZIP FRANKLIN LAKES, NJ 07417

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Steven R. Fitzpatrick  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Hosp, Walter  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP-Tax  
STREET ADDRESS Jeffrey A. Coole  
CITY-ST-ZIP 1640 Century Center Pkwy, St. 101  
Memphis, TN 38134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A. COOLE

VP - TAX

4/23/07

(901)381-7417

Date

Daytime Phone #