2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# K00332

Entity Name: ACCORD HEALTH CARE CORPORATION

Current Principal Place of Business:

14010 ROOSEVELT BLVD
#709
CLEARWATER, FL 33762 US

New Principal Place of Business:

1889 CURLEW ROAD
PALM HARBOR, FL 34683 US

Current Mailing Address:

14010 ROOSEVELT BLVD
#709
CLEARWATER, FL 33762 US

New Mailing Address:

1889 CURLEW ROAD
PALM HARBOR, FL 34683 US

FEI Number: 59-2856037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STIGLEMAN, RANSOM III
14010 ROOSEVELT BLVD
#709
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

STIGLEMAN, RANSOM VP
1889 CURLEW ROAD
PALM HARBOR, FL 34683 US

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: RANSOM STIGLEMAN 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: NOBLE, STEPHEN H.
Address: 14010 ROOSEVELT BLVD, #709
City-St-Zip: CLEARWATER, FL 33762 US

Title: VP ( ) Delete
Name: STIGLEMAN, RANSOM III
Address: 14010 ROOSEVELT BLVD, #709
City-St-Zip: CLEARWATER, FL 33762 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: NOBLE, STEPHEN H.
Address: 1889 CURLEW ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP (X) Change ( ) Addition
Name: STIGLEMAN, RANSOM III
Address: 1889 CURLEW ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RANSOM STIGLEMAN VP 04/20/2009
Electronic Signature of Signing Officer or Director Date