# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2011**
**Secretary of State**

DOCUMENT# N10000009767

**Entity Name:** ACADEMY FOR HEALTHCARE SERVICES INC.

**Current Principal Place of Business:**

4343 W. SUNRISE BLVD.
PLANTATION, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

4343 W. SUNRISE BLVD.
PLANTATION, FL 33313 US

**New Mailing Address:**

**FEI Number: 27-4110843** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUTTON, CAROLYN
4343 W. SUNRISE BLVD.
PLANTATION, FL 33313 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: PRES
Name: SUTTON, CAROLYN
Address: 4343 W. SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33313 US

Title: TREA
Name: UBILLA, ALMA
Address: 4343 W. SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33313 US

Title: SEC
Name: LOWE, HEATHER
Address: 4343 W. SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33313 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN SUTTON PRES 02/05/2011

Electronic Signature of Signing Officer or Director — Date