

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015683

Entity Name: ACUTE SYSTEMS INC.

FILED
May 15, 2008
Secretary of State

Current Principal Place of Business:

6354 MALTON ST
NORTH PORT, FL 34286

New Principal Place of Business:

6354 MALTON ST
NORTH PORT, FL 34286 US

Current Mailing Address:

6354 MALTON ST
NORTH PORT, FL 34286

New Mailing Address:

6354 MALTON ST
NORTH PORT, FL 34286 US

FEI Number: 04-3610363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRZESNIKOWSKI, WALT
6354 MALTON ST
NORTH PORT, FL 34286 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRZESNIKOWSKI, WALT
Address: 6354 MALTON ST
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GRZESNIKOWSKI, WALT
Address: 6354 MALTON ST
City-St-Zip: NORTH PORT, FL 34286 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: WALT GRZESNIKOWSKI

P

05/15/2008

Electronic Signature of Signing Officer or Director

_____ Date