


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90050 036 \*\*\*150.00

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| <b>DOCUMENT # P02000016864</b>                    |  |
| <b>1. Entity Name</b><br>ACM CARE OF FLORIDA INC. |   |

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| <b>Principal Place of Business</b><br>108 COMMERCIAL WAY<br>SPRING HILL, FL 34606 | <b>Mailing Address</b><br>108 COMMERCIAL WAY<br>SPRING HILL, FL 34606 |
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| <b>2. Principal Place of Business</b><br>1418 Clarion dr<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>1418 Clarion dr<br>Suite, Apt. #, etc. |
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|                                       |                                       |
|---------------------------------------|---------------------------------------|
| <b>City &amp; State</b><br>Valrico FL | <b>City &amp; State</b><br>Valrico FL |
| <b>Zip</b><br>33594                   | <b>Country</b><br>USA                 |
| <b>Zip</b><br>33594                   | <b>Country</b><br>USA                 |



03012004 Chg-P CR2E034 (10/03)

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| <b>4. FEI Number</b><br>03-0389023 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
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| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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| <b>6. Name and Address of Current Registered Agent</b><br>MARTIN, AUDREY C<br>1418 CLARION DR<br>VALRICO, FL 33594 |
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| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O., Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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| <b>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.</b><br>SIGNATURE: Audrey C Martin 3/1/04<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |
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| <b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b> | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| <b>10. OFFICERS AND DIRECTORS</b>                         |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SPS</b><br>MARTIN, AUDREY C<br>1418 CLARION DRIVE<br>VALRICO, FL 33594 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

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| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.**

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| <b>SIGNATURE:</b> Audrey C Martin 4/11/04 813-918-7178<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |
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