2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016864

Entity Name: ACM CARE OF FLORIDA INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1418 CLARION DR 4030 KIDRON RD VALRICO, FL 33594 SUITE 23

LAKELAND, FL 33811

Current Mailing Address: New Mailing Address:

 1418 CLARION DR
 4030 KIDRON RD

 VALRICO, FL 33594
 SUITE 23

LAKELAND, FL 33811

FEI Number: 03-0389023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTIN, AUDREY C

1418 CLARION DR

VALRICO, FL 33594 US

MARTIN, AUDREY C

4030 KIDRON RD.

SUITE 23

SUITE 23

LAKELAND, FL 33811 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: AUDREY C. MARTIN 04/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SPS () Delete Title: SPS (X) Change () Addition

 Name:
 MARTIN, AUDREY C
 Name:
 MARTIN, AUDREY C

 Address:
 1418 CLARION DRIVE
 Address:
 4030 KIDRON RD

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AUDREY C MARTIN SPS 04/20/2005