


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000016864 1. Entity Name ACM CARE OF FLORIDA INC. |  |
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| Principal Place of Business 4030 KIDRON RD SUITE 23 LAKELAND, FL 33811 | Mailing Address 4030 KIDRON RD SUITE 23 LAKELAND, FL 33811 |
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 03-0389023 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MARTIN, AUDREY C
4030 KIDRON RD.
SUITE 23
LAKELAND, FL 33811**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SPS MARTIN, AUDREY C 4030 KIDRON RD LAKELAND, FL 33811 |
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04/16/07-80024-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Audrey C Martin **4-2-07** **863-619-8645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #