

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096031

Entity Name: A & C MEDICAL, P.A.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1939 PARK MEADOW DR
#3
FORT MYERS, FL 33907

Current Mailing Address:

POST OFFICE BOX 7646
FORT MYERS, FL 33911

New Principal Place of Business:

3949 EVANS AVE.
#406
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 74-3055431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATWOOD, MICHAEL S
1619 SE 6TH TERRACE
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ATWOOD, MICHAEL S
Address: 8450 BEACH BOULEVARD
City-St-Zip: FORT MYERS, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ATWOOD, MICHAEL S
Address: 1619 SE 6TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

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: MICHAEL S. ATWOOD

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date