

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000096031

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

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3949 EVANS AVE.  
#406  
FORT MYERS, FL 33901

**New Principal Place of Business:**

4244 EVANS AVE.  
SUITE B  
FORT MYERS, FL 33901

**Current Mailing Address:**

POST OFFICE BOX 7646  
FORT MYERS, FL 33911

**New Mailing Address:**

FEI Number: 74-3055431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. ATWOOD

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date