


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000029162 1. Entity Name ACH MEDICAL SERVICES, INC.	
---	---

Principal Place of Business 1626 CENTONA DR. BOYNTON BCH, FL 33436	Mailing Address 1626 CENTONA DR. BOYNTON BCH, FL 33436
--	--

DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0005516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOXIE, ADAM C
1626 CETONA DRIVE
BOYNTON BEACH, FL 33436

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HOXIE, ADAM C 1626 CENTONA DR. BOYNTON BCH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

10000029156
02/24/05-80077-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Adam C Hoxie Date: 1/28-05 Daytime Phone #: 621/441-9926
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR