


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90097 016 ***150.00

DOCUMENT # P04000109752 1. Entity Name ACUHEALTH, INC.					
Principal Place of Business 12278 EAST COLONIAL DR. Ste 400 ORLANDO, FL 32826			Mailing Address 12278 EAST COLONIAL DR. Ste 400 ORLANDO, FL 32826		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. Ste 400		Suite, Apt. #, etc. Ste 400			
City & State		City & State			
Zip		Country		4. FEI Number 20-1414388	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, MELANIE S 2432 LAKE VISTA COURT APT 114 CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name Melanie S. Johnson Street Address (P.O. Box Number is Not Acceptable) 12278 E. Colonial Dr. Ste 400 City Orlando FL Zip Code 32826		
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: <u><i>Melanie S. Johnson</i></u> 05/07/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JOHNSON, MELANIE S 2432 LAKE VISTA COURT CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, MELANIE S 2432 LAKE VISTA COURT CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MELANIE S 2432 LAKE VISTA COURT CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melanie S. Johnson 12278 E. Colonial Dr. Ste 400 Orlando, FL 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melanie S. Johnson 12278 E. Colonial Dr. Ste 400 Orlando, FL 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wade Turner 12278 E. Colonial Dr. Ste 400 Orlando, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melanie S. Johnson 12278 E. Colonial Dr. Ste 400 Orlando, FL 32826	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melanie S. Johnson 12278 E. Colonial Dr. Ste 400 Orlando, FL 32826	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melanie S. Johnson 12278 E. Colonial Dr. Ste 400 Orlando, FL 32826	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Melanie S. Johnson</i></u> Melanie Johnson 05/07/07 (407) 227-9217 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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