2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2008
Secretary of State

DOCUMENT# P04000109752

Entity Name: ACUHEALTH, INC.

Current Principal Place of Business:

2432 LAKE VISTA COURT
STE 400
CASSELBERRY, FL 32707

New Principal Place of Business:

12278 EAST COLONIAL DR.
STE 400
ORLANDO, FL 32826

Current Mailing Address:

2432 LAKE VISTA COURT
STE 400
CASSELBERRY, FL 32707

New Mailing Address:

12278 EAST COLONIAL DR.
STE 400
ORLANDO, FL 32826

FEI Number: 20-1414388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, MELANIE S
12278 E. COLONIAL DR. STE 400
APT 114
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

JOHNSON, MELANIE S
15352 GALBI DR.
ORLANDO, FL 32828 US

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: _____ 05/10/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: JOHNSON, MELANIE S
Address: 12278 E. COLONIAL DR. STE 400
City-St-Zip: ORLANDO, FL 32826

Title: D ( ) Delete
Name: JOHNSON, MELANIE S
Address: 12278 E. COLONIAL DR. STE 400
City-St-Zip: ORLANDO, FL 32826

Title: CO ( ) Delete
Name: TURNER, WADE
Address: 12278 E. COLONIAL DR. STE 400
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MELANIE JOHNSON PVST 05/10/2008
Electronic Signature of Signing Officer or Director — Date