

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/29/2005-90142-046-\$150.00-\$150.00

FILED

05 SEP 15 AM 9:54

SECRETARY OF STATE
TALLAHASSEE 66027357

DOCUMENT # P04000151221					
1. Entity Name ACT HEALTH SERVICES, CORP.					
Principal Place of Business 14802 HERONGLEN DR. LITHIA, FL 33547			Mailing Address 14802 HERONGLEN DR. LITHIA, FL 33547		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 201898783	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TAPPER, ADA C 14802 HERONGLEN DR. LITHIA, FL 33547				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		5.00 May Be Added in Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not resolve the election.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAPPER, ADA C 14802 HERONGLEN DR. LITHIA, FL 33547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAPPER, DONOVAN N 14802 HERONGLEN DR. LITHIA, FL 33547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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; that I am not a director of another corporation; that I am not a director of another corporation; 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: <i>ADA C. Tapper</i> <i>ADA C. Tapper - President</i> 6/11/05					

ATTACHMENT

66027357

A.C. T. Health Services, Corp.
14802 Heronglen Drive
Lithia, Florida 33547

Certified mail with return receipt.

September 12, 2005

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL. 32302

Re: Federal Employer Identification number
201898783
Document # P04000151221

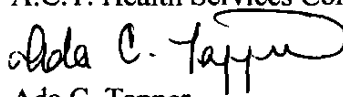
Dear Sir or Madam:

Please find the enclosed corrected annual report. Please note that you have already received the check for \$150.00.

Your prompt processing of our corporation will be greatly appreciated.

Yours truly,

A.C.T. Health Services Corp.



Ada C. Tapper
President