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, FLORIDA

660273357

08222005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000151221

1. Entity Name
ACT HEALTH SERVICES, CORP.

Principal Place of Business	Mailing Address
14802 HERONGLEN DR. LITHIA, FL 33547	14802 HERONGLEN DR. LITHIA, FL 33547

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 201898783 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAPPER, ADA C		NAME	
STREET ADDRESS	14802 HERONGLEN DR.		STREET ADDRESS	
CITY-ST-ZIP	LITHIA, FL 33547		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAPPER, DONOVAN N		NAME	
STREET ADDRESS	14802 HERONGLEN DR.		STREET ADDRESS	
CITY-ST-ZIP	LITHIA, FL 33547		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Ada C. Tapper Ada C. Tapper - President 6/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

600273357

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
Ada C. Tapper
President