2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P06000037250

Entity Name: A.C.T. HEALTHCARE SUPPORT SERVICES, INC.

Current Principal Place of Business:

318 WILDBERRY CT.
ORANGE PARK, FL 32073

New Principal Place of Business:

2105 PARK ST
STE D
JACKSONVILLE, FL 32204

Current Mailing Address:

318 WILDBERRY CT.
ORANGE PARK, FL 32073

New Mailing Address:

2105 PARK ST
STE D
JACKSONVILLE, FL 32204

FEI Number: 14-1976102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THURMOND, AARON C. JR.
318 WILDBERRY CT.
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THURMOND, AARON C JR.
Address: 318 WILDBERRY CT.
City-St-Zip: ORANGE PARK, FL 32073

Title: S ( ) Delete
Name: TOPOREK, JAMES P
Address: 318 WILDBERRY CT.
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: FRAZIER, CHRISTIAN R
Address: 3390 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

Title: S ( ) Change (X) Addition
Name: FRAZIER, REGINA
Address: 3390 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

Title: T ( ) Change (X) Addition
Name: THURMOND, ANGEL C
Address: 318 WILDBERRY CT
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON COLUMBUS THURMOND JR. P 04/11/2007
Electronic Signature of Signing Officer or Director Date