

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000039426

Entity Name: ACUTE PATIENT CARE INC.

FILED
Jan 18, 2008
Secretary of State

Current Principal Place of Business:

3880 COCONUT CREEK PKWY
STE. 300
COCONUT CREEK, FL 33066

New Principal Place of Business:

833 EAST OAK STREET
KISSIMMEE, FL 34744

Current Mailing Address:

3880 COCONUT CREEK PKWY
STE. 300
COCONUT CREEK, FL 33066

New Mailing Address:

833 EAST OAK STREET
KISSIMMEE, FL 34744

FEI Number: 57-1231317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AFZAL, AJAZ
3880 COCONUT CREEK PKWY
STE. 300
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

AFZAL, AJAZ
833 EAST OAK STREET
KISSIMMEE, FL 34744 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: AJAZ AFZAL

01/18/2008

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: P () Delete
Name: AFZAL, AJAZ
Address: 3880 COCONUT CREEK PKWY, STE. 300
City-St-Zip: COCONUT CREEK, FL 33066

Title: VP () Delete
Name: FAIZ, FAIZ A
Address: 3880 COCONUT CREEK PKWY, STE. 300
City-St-Zip: COCONUT CREEK, FL 33066

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AFZAL, AJAZ
Address: 833 EAST OAK
City-St-Zip: KISSIMMEE, FL 33066

Title: VP (X) Change () Addition
Name: FAIZ, FAIZ A
Address: 833 EAST OAK STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: CFO () Change (X) Addition
Name: GONZALEZ, KAREN M CFO
Address: 833 EAST OAK STREET
City-St-Zip: KISSIMMEE, FL 34744

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: AJAZ AFZAL

P

01/18/2008

Electronic Signature of Signing Officer or Director

Date