2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P06000126437

Entity Name: ACUTE HOME HEALTHCARE INC.

Current Principal Place of Business:

377 MAITLAND AVENUE
SUITE 2009
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

377 MAITLAND AVENUE
SUITE 2009
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-5645971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ASSAF, WASIM
11414 VICOLO LOOP
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

ZAMAN, MOHAMMED B
377 MAITLAND AVENUE
SUITE 2009
ALTAMONTE SPRINGS, FL 32701 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: MOHAMMED B ZAMAN 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SABI, YASMIN N
Address: 377 MAITLAND AVENUE, SUITE 2009
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP ( ) Delete
Name: ASSAF, MARY
Address: 11414 VICOLO LOOP
City-St-Zip: WINDERMERE, FL 34786

Title: S ( ) Delete
Name: ZAMAN, MOHAMMED B
Address: 377 MAITLAND AVENUE, SUITE 2009
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ZAMAN, MOHAMMED B
Address: 377 MAITLAND AVENUE, SUITE 2009
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: S (X) Change ( ) Addition
Name: SABI, YASMIN
Address: 377 MAITLAND AVENUE, SUITE 2009
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T ( ) Change (X) Addition
Name: ALKHAFAJI, ALI
Address: 377 MAITLAND AVENUE, SUITE 2009
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: MOHAMMED B ZAMAN P 04/26/2007
Electronic Signature of Signing Officer or Director Date