
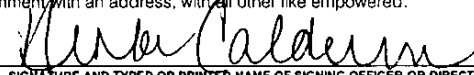


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90134 044 ***150.00

DOCUMENT # P07000105945 1. Entity Name AC MEDICAL EXPRESS SERVICES INC					
Principal Place of Business 88 WELLWATER DR PALM COAST, FL 32164			Mailing Address 88 WELLWATER DR PALM COAST, FL 32164		
2. Principal Place of Business - No P.O. Box # 2323 NORTH STATE ST.		3. Mailing Address Same			
Suite, Apt. #, etc. # 53		Suite, Apt. #, etc.			
City & State Bunnell, Florida		City & State			
Zip 32110		Zip		Country	
4. FEI Number 26-1118196					
5. Certificate of Status Desired <input type="checkbox"/> \$8:75 Additional Fee Required					
6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDERIN, ADRIAN 88 WELLWATER DR PALM COAST, FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2323 NORTH STATE ST. #53 Bunnell, Florida 32110	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4/29/08 386 586 0661		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		