

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000049861

**FILED**  
**May 06, 2011**  
**Secretary of State**

**Entity Name:** ACCURATE HEALTH SERVICES, CORP.

**Current Principal Place of Business:**

7523 W WATERS AVENUE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

7523 W WATERS AVENUE  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 27-2855375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX CENTER USA GROUP, LLC  
2350 W 84TH STREET  
18  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

QUINONES-CRUZ, GRETEL  
7523 W WATERS AVE  
TAMPA, FL 33615 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:** GRETEL QUINONEZ-CRUZ

05/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** QUINONES-CRUZ, GRETEL  
**Address:** 7622 CARON RD  
**City-St-Zip:** TAMPA, FL 33615

I hereby 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 all other like empowered.

**SIGNATURE:** GRETEL QUINONEZ-CRUZ

P

05/06/2011

Electronic Signature of Signing Officer or Director

Date