

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000088205

Entity Name: ACCUCARE, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8620 W. STATE ROAD 84  
DAVIE, FL 33324

**New Principal Place of Business:**

8622 W. STATE ROAD 84  
DAVIE, FL 33324

**Current Mailing Address:**

8620 W. STATE ROAD 84  
DAVIE, FL 33324

**New Mailing Address:**

8622 W. STATE ROAD 84  
DAVIE, FL 33324

FEI Number: 65-0456790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEIN, KURT  
8620 W. STATE ROAD 84  
DAVIE, FL 33324 US

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

KLEIN, KURT  
8622 W. STATE ROAD 84  
DAVIE, FL 33324 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: KURT KLEIN

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: RA  
Name: KLEIN, KURT  
Address: 8622 W. STATE ROAD 84  
City-St-Zip: DAVIE, FL 33324

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: KURT KLEIN

RA

04/20/2011

Electronic Signature of Signing Officer or Director

Date