

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 11, 2011
Secretary of State

Entity Name: ACCURATE HEALTH CARE, INC.

Current Principal Place of Business:

6289 W. SUNRISE BLVD.
116
SUNRISE, FL 33313 US

New Principal Place of Business:

6299 W. SUNRISE BLVD.
111&112
SUNRISE, FL 33313 US

Current Mailing Address:

6289 W. SUNRISE BLVD.
116
SUNRISE, FL 33313 US

New Mailing Address:

6299 W. SUNRISE BLVD.
111&112
SUNRISE, FL 33313 US

FEI Number: 65-0539987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ROBERT R.
6289 W. SUNRISE BLVD.
116
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

DAVIS, ROBERT R.
6299 W. SUNRISE BLVD.
111&112
SUNRISE, FL 33313 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: ROBERT R DAVIS

03/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DAVIS, WINSOME
Address: 6299 W. SUNRISE BLVD. SUITE 111&112
City-St-Zip: SUNRISE, FL 33313

Title: VD
Name: DAVIS, ROBERT
Address: 6299 W. SUNRISE BLVD> SUITE 111&112
City-St-Zip: SUNRISE, FL 33313

Title: S
Name: DAVIS, ROBERT
Address: 6299 W. SUNRISE BLVD. SUITE 111&112
City-St-Zip: SUNRISE, FL 33313

Title: D
Name: DAVIS, ROBERT R
Address: 6299 W. SUNRISE BLVD. SUITE 111&112
City-St-Zip: SUNRISE, FL 33313

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: ROBERT DAVIS

CEO

03/11/2011

Electronic Signature of Signing Officer or Director

Date