FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000017937 (0)**

1. Corporation Name
ACCREDITED HEALTH CARE, INC.

Principal Place of Business	Mailing Address
~~1252 LAKE POINT DRIVE~~ ~~LAKELAND FL 33813~~	~~1252 LAKE POINT DRIVE~~ ~~LAKELAND FL 33813~~

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 3195 N. Powerline Rd
Suite, Apt. #, etc.
22: 106A
City & State
23: Pompano Beach FL
Zip
24: 33069
Country
25: USA

2a. Mailing Address
26: ← Same
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-3339442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LITTLE, SUSAN M
~~1252 LAKE POINT DRIVE~~ 2000 E. EDGEWOOD DR.
LAKELAND FL 3381~~3~~ SUITE 118
03

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Susan M. Little, President — 1/15/96
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LITTLE, SUSAN M	1.2 NAME	
STREET ADDRESS	~~1252 LAKE POINT DRIVE~~ 2000 E. EDGEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 3381~~3~~ SUITE 118 03	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MYRICK, KIM M	2.2 NAME	
STREET ADDRESS	1100 S. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LECHNER, BRIAN	3.2 NAME	
STREET ADDRESS	~~1101-A HIGHLAND BEACH DRIVE~~ 5501 N. MILITARY TRAIL # 109A	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~HIGHLAND BEACH FL 33487~~ BOCA RATON 33496	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Susan M. Little President SUSAN M. LITTLE 1/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #