

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 11 1997 8:00am  
Secretary of State

DOCUMENT # P95000017937 (0)

1. Corporation Name

ACCREDITED HEALTH CARE, INC.



Principal Place of Business

3195 N. POWRLINE ROAD  
SUITE 106A  
POMPANO BEACH FL 33069  
US

Mailing Address

3195 NORTH POWERLINE ROAD  
SUITE 106A  
POMPANO BEACH FL 33069-1052  
US

2. Principal Place of Business

21 1701 W. Hillsboro Blvd

Suite, Apt. #, etc.

22 #401

City & State

23 DEERFIELD Beach FL

Zip

24 33442

Country

25 USA

26. Mailing Address

26 Same as # 2

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3339442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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  
2000 E EDGEWOOD DRIVE  
SUITE 118  
LAKELAND FL 33803

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D ☐ DELETE

NAME  
LITTLE, SUSAN M  
STREET ADDRESS  
2000 E EDGEWOOD DRIVE#118  
CITY-ST-ZIP  
LAKELAND FL

TITLE

D ☐ DELETE

NAME  
MYRICK, KIM M  
STREET ADDRESS  
1100 S. OCEAN BLVD.  
CITY-ST-ZIP  
DELRAY FL

TITLE

D ☐ DELETE

NAME  
LECHNER, BRIAN  
STREET ADDRESS  
5501 N MILITARY TRAIL #109A 360 SE MIZNER BLVD  
CITY-ST-ZIP  
BOCA RATON FL 33432 #1509

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97

954-420-0304

CR2E034 (9/96)