

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017937

1. Entity Name

ACCREDITED HEALTH CARE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90106 036 ***150.00

Principal Place of Business

1701 W HILLSBORO BLVD
 #401
 DEERFIELD BEACH FL 33442
 US

Mailing Address

2000 E EDGEWOOD DR
 SUITE 118
 LAKELAND FL 33803-3649
 US

2. Principal Place of Business

2000 E Edgewood Drive

Suite, Apt. #, etc.

#118

City & State
 Lakeland, FL

Zip
 33803

Country
 USA

3. Mailing Address

777 Yamato Road

Suite, Apt. #, etc.

#330

City & State
 Boca Raton, FL

Zip
 33431

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3339442**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, SUSAN M
 2000 E EDGEWOOD DRIVE
 SUITE 118
 LAKELAND FL 33803

Name

Myrick, Kim

Street Address (P.O. Box Number is Not Acceptable)

777 Yamato Road

#330

City

Boca Raton,

FL

Zip Code
 33431

8. 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

Kim Myrick

(Secretary/Treasurer)

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, SUSAN M	
STREET ADDRESS	2000 E EDGEWOOD DRIVE#118	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYRICK, KIM M	
STREET ADDRESS	1100 S. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LECHNER, BRIAN	
STREET ADDRESS	360 SE MIZNER RD, #1509	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	McCaskill, Susan T. (Pres)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	742 Mulberry Avenue	
STREET ADDRESS	Celebration, FL 34747	
CITY-ST-ZIP		
TITLE	Myrick, Kim (Sec/Tres)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1664 Flagler Manor Circle	
STREET ADDRESS	West Palm Beach, FL 33411	
CITY-ST-ZIP		
TITLE	Lechner, Brian (V.P.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	360 SE Mizner Blvd. #1509	
STREET ADDRESS	Boca Raton, FL 33432	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Kim Myrick Kim Myrick

4/28/00

561-893-0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)