2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 AM
Secretary of State

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Entity Name: ACCREDITED HEALTH CARE, INC.

Current Principal Place of Business:

1424 COMMERCIAL PARK
#3
LAKELAND, FL 33801 US

New Principal Place of Business:

777 YAMATO ROAD
330
BOCA RATON, FL 33431 US

Current Mailing Address:

777 YAMATO ROAD
STE 330
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-3339442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYRICK, KIM
777 YAMATO ROAD, SUITE #330
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCASKILL, SUSAN T
Address: 742 MULBERRY AVENUE
City-St-Zip: CELEBRATION, FL 34747

Title: ST ( ) Delete
Name: MYRICK, KIM M
Address: 1664 FLAGLER MANOR CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P ( ) Delete
Name: LECHNER, BRIAN
Address: 360 SE MIZNER RD, #1509
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCCASKILL, SUSAN T
Address: 6120 PAYNE STEWART DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KIM MYRICK ST 04/03/2002

Electronic Signature of Signing Officer or Director Date