

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017937

FILED
Apr 26, 2004
Secretary of State

Entity Name: ACCREDITED HEALTH CARE, INC.

Current Principal Place of Business:

2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

1664 FLAGLER MANOR CIRCLE
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 US

New Mailing Address:

1664 FLAGLER MANOR CIRCLE
WEST PALM BEACH, FL 33411 US

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
2500 QUANTUM LAKES DRIVE
SUITE 108
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

MYRICK, KIM
1664 FLAGLER MANOR CIRCLE
WEST PALM BEACH, FL 33411 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:

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: 390 SE MIZNER RD, #1812
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

04/26/2004

Electronic Signature of Signing Officer or Director

Date