

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017937

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: ACCREDITED HEALTH CARE, INC.

**Current Principal Place of Business:**

3462 SE COURT DRIVE  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

3462 SE COURT DRIVE  
STUART, FL 34997 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  
3462 SE COURT DRIVE  
STUART, FL 34997 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCASKILL, SUSAN T  
Address: 9742 GREEN ISLAND CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

Title: ST ( ) Delete  
Name: MYRICK, KIM M  
Address: 3462 SE COURT DRIVE  
City-St-Zip: STUART, FL 34997

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 exemption stated in Chapter 119, 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

D

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date