

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000017937

**FILED**  
**Apr 29, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

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

Title: P  
Name: LECHNER, BRIAN  
Address: 390 SE MIZNER RD, #1812  
City-St-Zip: BOCA RATON, FL 33432

I hereby 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 all other like empowered.

SIGNATURE: KIM MYRICK

DIR

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date