

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000045987

FILED
May 30, 2008
Secretary of State**Entity Name:** ACCU-CARE NURSING SERVICE, INC.**Current Principal Place of Business:**2375 N TAMIAMI TRAIL
SUITE 300
NAPLES, FL 34103 US**New Principal Place of Business:****Current Mailing Address:**2375 N TAMIAMI TRAIL
SUITE 300
NAPLES, FL 34103 US**New Mailing Address:****FEI Number:** 65-0583500**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** DVP () Delete
Name: HUGHES, KATHLEEN K DVP
Address: 1210 STONE COURT
City-St-Zip: MARCO ISLAND, FL 34145**Title:** DP (X) Delete
Name: SCHEETZ, LARRY P DCEOP
Address: 1210 STONE COURT
City-St-Zip: MARCO ISLAND, FL 34145**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: HUGHES, KATHLEEN K DCEOP
Address: 1210 STONE COURT
City-St-Zip: MARCO ISLAND, FL 34145**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: KATHLEEN K. HUGHES

CEOP

05/30/2008

Electronic Signature of Signing Officer or Director_____
Date