

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025035

FILED
Apr 14, 2006
Secretary of State

Entity Name: ACCU-CARE HOME HEALTH SERVICE, INC.

Current Principal Place of Business:

2375 TAMIAMI TRAIL NO STE 300
STE 300
NAPLES, FL 33940 US

New Principal Place of Business:

Current Mailing Address:

2375 TAMIAMI TRAIL NO STE 300
STE 300
NAPLES, FL 33940 US

New Mailing Address:

FEI Number: 65-0658744 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHEETZ, LARRY P
Address: 1260 N COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 33937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHEETZ, LARRY P DCEO
Address: 1210 STONE COURT
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY P. SCHEETZ

DCEO

04/14/2006

Electronic Signature of Signing Officer or Director

_____ Date