

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025035

FILED  
Apr 03, 2007  
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:

2375 TAMIAMI TRAIL NO STE 300  
STE 300  
NAPLES, FL 34103 US

## Current Mailing Address:

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

## New Mailing Address:

2375 TAMIAMI TRAIL NO STE 300  
STE 300  
NAPLES, FL 34103 US

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 DCEOP  
Address: 1210 STONE COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP ( ) Change (X) Addition  
Name: HUGHES, KATHLEEN K DVP  
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

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

Date