

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000034152

1. Entity Name
AACECARE, INC.



Principal Place of Business

**1000 RIVERSIDE AVE
#205
JAX, FL 32204 US**

Mailing Address

**1000 RIVERSIDE AVE
#205
JAX, FL 32204 US**



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3644167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, DONALD C
1000 RIVERSIDE AVE
#205
JAX, FL 32204**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COBIN, RHODA H MD
STREET ADDRESS	44 GODWIN AVE.
CITY - ST - ZIP	MIDLAND PARK, NJ 07432
TITLE	D
NAME	DICKEY, RICHARD A MD
STREET ADDRESS	415 N. CENTER ST., SUITE 203
CITY - ST - ZIP	HICKORY, NC 28601
TITLE	D
NAME	HODGSON, STEPHEN F M.D.
STREET ADDRESS	200 FIRST STREET, S.W.
CITY - ST - ZIP	ROCHESTER, MN 55905
TITLE	D
NAME	FELD, STANLEY M.D.
STREET ADDRESS	5480 LA SIERRA DRIVE
CITY - ST - ZIP	DALLAS, TX 75231
TITLE	D
NAME	JONES, DONALD C
STREET ADDRESS	1000 RIVERSIDE AVE., SUITE 205
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	RODBARD, HELENA
STREET ADDRESS	14808 PHYSICIANS LANE, NO. 111
CITY - ST - ZIP	ROCKVILLE, MD 20850

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04/12/05-80025-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05 -

Date

(904) 553-7878

Daytime Phone #