
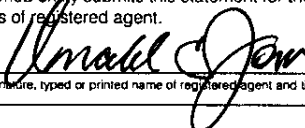
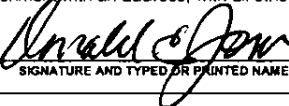


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90023 036 \*\*\*150.00

<b>DOCUMENT # P97000034152</b>					
<b>1. Entity Name</b> <b>AACECARE, INC.</b>					
<b>Principal Place of Business</b> 243 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202 US			<b>Mailing Address</b> 243 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202 US		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>245 Riverside Ave</b>			<b>3. Mailing Address</b> <b>245 Riverside Ave</b>		
Suite, Apt. #, etc. <b>Suite 200</b>			Suite, Apt. #, etc. <b>Suite 200</b>		
<b>City &amp; State</b> <b>Jacksonville FL</b>			<b>City &amp; State</b> <b>Jacksonville FL</b>		
Zip <b>32202-4933</b>		Country <b>US</b>		Zip <b>32202-4933</b>	
Country <b>US</b>		<b>4. FEI Number</b> <b>59-3644167</b>			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JONES, DONALD C 243 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202					
<b>7. Name and Address of New Registered Agent</b> Name <b>Donald C Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>245 Riverside Ave, Suite 200</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202-4933</b>					
<b>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.</b> SIGNATURE  <b>Donald C Jones</b> <b>03/27/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COBIN, RHODA H MD 44 GODWIN AVE. MIDLAND PARK, NJ 07432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DICKEY, RICHARD A MD 415 N. CENTER ST., SUITE 203 HICKORY, NC 28601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HODGSON, STEPHEN F M.D. 200 FIRST STREET, S.W. ROCHESTER, MN 55905				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FELD, STANLEY M.D. 5480 LA SIERRA DRIVE DALLAS, TX 75231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JONES, DONALD C 243 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RODBARD, HELENA 14808 PHYSICIANS LANE, NO. 111 ROCKVILLE, MD 20850				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Helena W. Rodbard 3200 Tower Oaks Blvd. Suite 250 Rockville MD 20852				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rhoda H. Cobin 75 North Maple Avenue Ridgewood NJ 07450				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard A. Dickey 51 Players Ridge Road Hickory NC 28601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stanley Feld 7310 Hillwood Ln Dallas TX 75248-5240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stephen F. Hodgson 3210 Mayowood Hills Dr SW Rochester MN 55902-1009				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald C Jones 245 Riverside Ave, Suite 200 Jacksonville FL 32202-4933				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>  <b>Donald C Jones</b> <b>03/27/2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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