


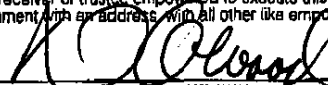
APR. 29. 2004 2:03PM

CPA Associates

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90749 021 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P98000094886</b> 1. Entity Name <b>ACUTE CARE TEAM, INC.</b>					
Principal Place of Business <b>615 DUNDEE LANE          HOLMES BEACH, FL 34217</b>			Mailing Address <b>615 DUNDEE LANE          HOLMES BEACH, FL 34217</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0871587</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>WOOD, NANCY A          615 DUNDEE LANE          HOLMES BEACH, FL 34217</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		DATE (NOTE: Registered Agent signature required when relinquishing)			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>		<b>\$5.00 May Be          Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WOOD, NANCY 615 DUNDEE LANE HOLMES BEACH, FL 34217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, JEANNE A 615 DUNDEE LANE HOLMES BEACH, FL 34217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4-30-04 941-728-2641		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		