


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90100 026 ***150.00

DOCUMENT # P98000094886 1. Entity Name ACUTE CARE TEAM, INC.					
Principal Place of Business 615 DUNDEE LANE HOLMES BEACH, FL 34217			Mailing Address 615 DUNDEE LANE HOLMES BEACH, FL 34217		
2. Principal Place of Business - No P.O. Box # 9908 GULF Drive		3. Mailing Address 9908 GULF Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Anna Maria, FL		City & State Anna Maria, FL		4. FEI Number 65-0871587	
Zip 34216		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, NANCY A 615 DUNDEE LANE HOLMES BEACH, FL 34217		7. Name and Address of New Registered Agent Name Nancy Wood Street Address (P.O. Box Number is Not Acceptable) 9908 GULF Drive City Anna Maria FL Zip Code 34216			
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: <u><i>Nancy Wood, CEO</i></u> x 5/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WOOD, NANCY 615 DUNDEE LANE HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, JEANNE A 615 DUNDEE LANE HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			SIGNATURE: <u><i>Nancy Wood, CEO</i></u> x 5/1/07 <small>Signature and typed or printed name of signing officer or director. Date Daytime Phone #</small>		