2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				Secretary of State			
DOCUMENT # P98000094	886		a de		05-04-2007	90100 026 ***15	0.00
1. Entity Name ACUTE CARE TEAM, INC.							
, , , , , , , , , , , , , , , , , , , ,				1			
Principal Place of Business	Mailing Address			4070	•		
615 DUNDEE LANE Holmes Beach, Fl. 34217	615 DUNDEE LANE HOLMES BEACH, FL 34217						
HOLINES BEACH, FL 34217	HOLMES BEACH, FE 34.	211		 	(2) 2 () 2 (n 2011 (2111 E122) (2121 (2112 A	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
9908 Gulf Drive	9908 Gulf Drive					17 MB210 (2)((B)80) (2)(1) (B)(4 B	UI II I II I II I
Suite, Apt. #, etc.	Suite, Apr. #, etc.			01272007	Chg-P	CR2E034 (12/06)	
City & State	City & State	- 51		4. FEI Numbe 65-087			oplied For ot Applicable
Zip Country	ANNA Maria	Country			of Status Desired	□ \$8.75 Ad	ditional
342/6 U.S 6. Name and Address of Current F	3 Y Z / 6 Registered Agent	US			Address of New R	Fee Hequire	ed
		Name 4	laste	4 WOO			
WOOD, NANCY A 615 DUNDEE LANE	Street Ac	ddress (P	O. Box Number	er is Not Acceptable	9)		
HOLMES BEACH, FL 34217		97	108	GulF	Drive		
		City				FI Zip Cod	
8. The above named entity submys this statement for	the purpose of changing its r	egistered office or	registere	plg::9 ed agent, or bot	h, in the State of Flo		Z/6 , and accept
the obligations of registered agent.	0 7100	(4)			· /	1/2	
SIGNATURE Signature, typed or printed ria—of registered agent a	and title if applicable NOTE	Registered Agent signatu	ure required v	when reinstating)	Υ	3/1/b/ D#16	
J	9. Election Campaig	nn Financing	\$5.0	00 May Be		•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0		, , ,	Adde	ed to Fees			
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
TITLE CFO NAME WOOD, NANCY	☐ Delete	1ITLE NAME	ロア			🔀 Change	Addition
STREET ADDRESS 615 DUNDEE LANE		STREET ADDRESS					
CITY-ST-ZIP HOLMES BEACH, FL 34217	□ 0-1-1-1	CITY-ST-ZIP	Dφ			-71 0	
NAME FERGUSON, JEANNE A	☐ Delete	TITLE NAME					■ Addition
STREET ADDRESS 615 DUNDEE LANE CITY-ST-ZIP HOLMES BEACH, FL 34217						™ Change	☐ Addition
		STREET ADDRESS				x j Unange	☐ Addition
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12. I hereby certify that the information supplied with this filling 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 of 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 laddless, with all other like empowered.

SIGNATUREX

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

X 5/1/07

Daytime Phone #