## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

May 02, 2008 8:00 am Secretary of State **DOCUMENT # P98000094886** 05-02-2008 90153 047 \*\*\*150.00 1. Entity Name ACUTE CARE TEAM, INC. Principal Place of Business Mailing Address 9908 GULF DR. 9908 GULF DR. ANNA MARIA, FL 34216 ANNA MARIA, FL 34216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0871587 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOOD, NANCY A Street Address (P.O. Box Number is Not Acceptable) 9908 GULF DR. ANNA MARIA, FL 34216 City Zip Code 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DT ☐ Change TITLE ☐ Delete TITLE ☐ Addition WOOD, NANCY NAME NAME 615 DUNDEE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL 34217 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FERGUSON, JEANNE A NAME NAME STREET ADDRESS 615 DUNDEE LANE STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL 34217 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 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 poert 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 frustee 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 the appears in Block 10 or Block 11 if changed.

ING OFFICER OR DIRECTOR

FILED

Daytime Phone #