2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2011
Secretary of State

DOCUMENT# P98000094886

Entity Name: ACUTE CARE TEAM, INC.

Current Principal Place of Business:

5350 GULF OF MEXICO DR., UNIT 103
LONGBOAT KEY, FL 34228

New Principal Place of Business:

5350 GULF OF MEXICO DR.
SUITE 103
LONGBOAT KEY, FL 34228

Current Mailing Address:

5350 GULF OF MEXICO DR., UNIT 103
LONGBOAT KEY, FL 34228

New Mailing Address:

5350 GULF OF MEXICO DR.
SUITE 103
LONGBOAT KEY, FL 34228

FEI Number: 65-0871587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, NANCY A
5350 GULF OF MEXICO DR STE 103
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: WOOD, MARK H
Address: 5350 GULF OF MEXICO DRIVE, SUITE 103
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D
Name: WOOD, NANCY A
Address: 5350 GULF OF MEXICO DRIVE, SUITE 103
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY A WOOD D 09/13/2011

Electronic Signature of Signing Officer or Director — Date