

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # S24368

1. Entity Name
PHYSICIANS ACU-CARE, INC.



Principal Place of Business
**350 ELDRIDGE AVENUE
SUITE 5
ORANGE PARK, FL 32073**

Mailing Address
**350 ELDRIDGE AVENUE
SUITE 5
ORANGE PARK, FL 32073**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3045206	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHIN, ROBERT
350 ELDRIDGE AVENUE
SUITE 5
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHIN, ROBERT
STREET ADDRESS	369 OLD FIELD DR
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80007-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07 (904) 269-3069
Date Daytime Phone #