

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APR 11 1995
FILED

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DOCUMENT # S25304 (4)

1. Corporation Name
ACUTE INVESTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6547 ORCHID LAKE ROAD
NEW PORT RICHEY FL 34653

Mailing Address
6547 ORCHID LAKE ROAD
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1991	3a. Date of Last Report 03/31/1994
4. FEI Number 59-3042459	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. 9105 Jasmine Blvd. Suite, Apt., #, etc. 22. City & State New Port Richey, FL Zip 34654 Country USA	2a. Mailing Address 26. 9105 Jasmine Blvd. Suite, Apt., #, etc. 27. City & State New Port Richey, FL Zip 34654 Country USA
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9. Name and Address of Current Registered Agent

EBERLE, LARRY
6606 RUNNEL DRIVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81. Name Ronald Pidova	85. Zip Code 34654
82. Street Address (P.O. Box Number is Not Acceptable) 9105 Jasmine Blvd	
83. City New Port Richey FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1509, Florida Statutes.

SIGNATURE: *[Signature]* Ronald Pidova Director 2/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME EBERLE, LARRY	1.1 TITLE Director	☒ Change ☐ Addition
STREET ADDRESS 6606 RUNNEL DR	CITY-ST-ZIP NEW PORT RICHEY FL	1.2 NAME Ronald Pidova	
		1.3 STREET ADDRESS 9105 Jasmine Blvd.	
		1.4 CITY-ST-ZIP New Port Richey, FL 34654	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be subject to the same penalties as if it were the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]* Ronald Pidova Director 2/23/95 (013) P63-1341