FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:52

DOCUMENT # V39970 (1)

1. Corporation Name
ACUTE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2620 RIDGEWOOD RD SUITE 300 AKRON OH 44313 US	2620 RIDGEWOOD RD SUITE 300 AKRON OH 44313 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1992	3a. Date of Last Report: 06/23/1994
4. FEI Number: 65-0342139	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAGPAL, NARESH	1.2 NAME	NAGPAL, NARESH	
STREET ADDRESS	2378 NW 60TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BADAL, JOSEPH	2.2 NAME		
STREET ADDRESS	21 FORT ROYAL ISLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SULLIVAN, ROBERT	3.2 NAME		
STREET ADDRESS	110 WILLIAM WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSBURG VA 23185	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCBRIDE, GARY	4.2 NAME		
STREET ADDRESS	21 FORT ROYAL ISLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE	AS	☒ Change ☐ Addition
NAME	BELL, THOMAS	5.2 NAME	RYBARCZYK, JOHN D.	
STREET ADDRESS	2620 RIDGEWOOD RD.	5.3 STREET ADDRESS	2620 RIDGEWOOD ROAD	
CITY-ST-ZIP	AKRON OH 44313	5.4 CITY-ST-ZIP	AKRON, OHIO 44313	
TITLE		6.1 TITLE	AS	☐ Change ☒ Addition
NAME		6.2 NAME	ANDERSON, NITA	
STREET ADDRESS		6.3 STREET ADDRESS	2620 RIDGEWOOD ROAD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	AKRON, OHIO 44313	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Badal 1-27-95 (305)475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047A003 FP