

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V39970** (1)

1. Corporation Name  
**ACUTE MANAGEMENT, INC.**



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

3. Date Incorporated or Qualified **06/01/1992** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **5005 ROCKSIDE ROAD** Suite, Apt. #, etc. 26 **5005 ROCKSIDE ROAD** Suite, Apt. #, etc.  
22 **SUITE 430** City & State 27 **SUITE 430** City & State  
23 **INDEPENDENCE, OHIO** Zip Country 28 **INDEPENDENCE, OHIO** Zip Country  
24 **44131** 25 **USA** 29 **44131** 30 **USA**

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

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE  Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------|---|--|
| TITLE                      | <b>PD</b>                 | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>NAGPAL, NARESH</b>     | 12 NAME   |  |
| STREET ADDRESS             | <b>2378 NW 60TH ST.</b>   | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>      | 14 CITY-ST-ZIP  |  |
| TITLE                      | <b>VD</b>                 | 21 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BADAL, JOSEPH</b>      | 22 NAME   |  |
| STREET ADDRESS             | <b>21 FORT ROYAL ISLE</b> | 23 STREET ADDRESS                                     | <b>21169 OAKLEY COURT</b>  |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>  | 24 CITY-ST-ZIP  | <b>BOCA RATON, FLORIDA 33433-7435</b>  |
| TITLE                      | <b>SD</b>                 | 31 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SULLIVAN, ROBERT</b>   | 32 NAME   |  |
| STREET ADDRESS             | <b>110 WILLIAM WAY</b>    | 33 STREET ADDRESS                                     | <b>2100 HORNES LAKE ROAD</b>   |
| CITY-ST-ZIP                | <b>WILLIAMSBURG VA</b>    | 34 CITY-ST-ZIP  | <b>WILLIAMSBURG, VA 23185</b>  |
| TITLE                      | <b>TD</b>                 | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MCBRIDE, GARY</b>      | 42 NAME   |  |
| STREET ADDRESS             | <b>21 FORT ROYAL ISLE</b> | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>  | 44 CITY-ST-ZIP  |  |
| TITLE                      | <b>AS</b>                 | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>RYBARCZYK, JOHN D.</b> | 52 NAME   | <b>500001902195</b>  |
| STREET ADDRESS             | <b>2620 RIDGEWOOD RD.</b> | 53 STREET ADDRESS                                     | <b>-07/23/96--01104--028</b>   |
| CITY-ST-ZIP                | <b>AKRON OH</b>           | 54 CITY-ST-ZIP  | <b>***225.00</b>   |
| TITLE                      | <b>AS</b>                 | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ANDERSON, NITA</b>     | 62 NAME   |  |
| STREET ADDRESS             | <b>2620 RIDGEWOOD RD</b>  | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>AKRON OH</b>           | 64 CITY-ST-ZIP  |  |

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)(k), 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 617, 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** 6/23/96 407/477-5030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (3/96)