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. Mortham
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	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
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 5005 ROCKSIDE ROAD	26 5005 ROCKSIDE ROAD
Suite, Apt. #, etc: 22 SUITE 430	Suite, Apt. #, etc: 27 SUITE 430
City & State: 23 INDEPENDENCE, OHIO	City & State: 28 INDEPENDENCE, OHIO
Zip: 24 44131 — Country: 25 USA	Zip: 29 44131 — Country: 30 USA

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	NAGPAL, NARESH	2378 NW 60TH ST.	BOCA RATON FL	☐
VD	BADAL, JOSEPH	21 FORT ROYAL ISLE	FT. LAUDERDALE FL	☐
SD	SULLIVAN, ROBERT	110 WILLIAM WAY	WILLIAMSBURG VA	☐
TD	MCBRIDE, GARY	21 FORT ROYAL ISLE	FT. LAUDERDALE FL	☐
AS	RYBARCZYK, JOHN D.	2620 RIDGEWOOD RD.	AKRON OH	☒
AS	ANDERSON, NITA	2620 RIDGEWOOD RD	AKRON OH	☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
				☒	☐
		2 1169 OAKLEY COURT	BOCA-RATON, FLORIDA 33433-7435		
				☒	☐
		2 100 HORNES LAKE ROAD	WILLIAMSBURG, VA. 23185		
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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-07/23/96--01104--028
***225.00

7/23 JP

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 any attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joseph Badal — Date: 6/28/96 — Daytime Phone #: 407/477-5030

CR2E034 (3/96)