

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000029836

**Entity Name:** ACCURATE CARE SERVICES, INC.

**Current Principal Place of Business:**

3211 OLEANDER AVE  
A  
FORT PIERCE, FL 34982

**Current Mailing Address:**

5475 NW ST. JAMES DRIVE  
#168  
PORT ST. LUCIE, FL 34983 US

**FEI Number:** 26-4500488

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROMAN, JOSEPH K  
6005 CASSIA DRIVE  
FORT PIERCE, FL 34982 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ROMAN, JOSEPH K  
Address 5475 NE ST JAMES DR  
#168  
City-State-Zip: PORT ST LUCIE FL 34983

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH ROMAN

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date