

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000045987

Entity Name: ACCU-CARE NURSING SERVICE, INC.

Current Principal Place of Business:

2375 N TAMIAMI TRAIL
SUITE 300
NAPLES, FL 34103

Current Mailing Address:

2375 N TAMIAMI TRAIL
SUITE 300
NAPLES, FL 34103 US

FEI Number: 65-0583500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DP
Name BERGHUIS, KATHLEEN K
Address 999 TIVOLI DRIVE
City-State-Zip: NAPLES FL 34104

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: KATHLEEN K. BERGHUIS

CEO

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date