

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002774

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: ADVANCED CARE SUPPORT, INC.

## Current Principal Place of Business:

4767 NEW BROAD ST  
ORLANDO, FL 32814

## New Principal Place of Business:

3160 SOUTHGATE COMMERCE BLVD.  
SUITE 60  
ORLANDO, FL 32806

## Current Mailing Address:

4767 NEW BROAD ST  
ORLANDO, FL 32814

## New Mailing Address:

3160 SOUTHGATE COMMERCE BLVD  
SUITE 60  
ORLANDO, FL 32806

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPAFFORD, JEFFREY P  
4767 NEW BROAD ST  
ORLANDO, FL 32814 US

## Name and Address of New Registered Agent:

SPAFFORD, JEFFREY P  
3160 SOUTHGATE COMMERCE BLVD  
SUITE 60  
ORLANDO, FL 32806 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:

01/06/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPAFFORD, JEFFREY P  
Address: 4767 NEW BROAD ST  
City-St-Zip: ORLANDO, FL 32814

Title: S ( ) Delete  
Name: HENSLEY, EDWARD H  
Address: 749 ROYAL PALM CT  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: FORGY, JASON  
Address: 4420 WINTER OAKS LN  
City-St-Zip: ORLANDO, FL 32812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY P. SPAFFORD

MR.

01/06/2006

Electronic Signature of Signing Officer or Director

Date