

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002774

FILED
Sep 04, 2007
Secretary of State

Entity Name: ADVANCED CARE SUPPORT, INC.

Current Principal Place of Business:

3160 SOUTHGATE COMMERCE BLVD.
SUITE 60
ORLANDO, FL 32806

New Principal Place of Business:

2400 LAKE ORANGE DR
SUITE 200
ORLANDO, FL 32837

Current Mailing Address:

3160 SOUTHGATE COMMERCE BLVD
SUITE 60
ORLANDO, FL 32806

New Mailing Address:

2400 LAKE ORANGE DR
SUITE 200
ORLANDO, FL 32837

FEI Number: 20-2425340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SPAFFORD, JEFFREY P
2400 LAKE ORANGE DR
SUITE 200
ORLANDO, FL 32837 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: JEFFREY SPAFFORD

09/04/2007

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: P (X) Change () Addition
Name: SPAFFORD, JEFFREY P
Address: 8241 TIBET BUTLER DR
City-St-Zip: WINDERMERE, FL 34786

Title: S (X) Change () Addition
Name: HENSLEY, EDWARD H
Address: 1854 MEETING PLACE
City-St-Zip: ORLANDO, FL 32814

Title: D (X) Change () Addition
Name: FORGY, JASON
Address: 4420 WINTER OAKS LANE
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify 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 SPAFFORD

P

09/04/2007

Electronic Signature of Signing Officer or Director

Date