

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002774

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: ADVANCED CARE SUPPORT, INC.

## Current Principal Place of Business:

2400 LAKE ORANGE DR  
SUITE 200  
ORLANDO, FL 32837

## New Principal Place of Business:

## Current Mailing Address:

2400 LAKE ORANGE DR  
SUITE 200  
ORLANDO, FL 32837

## New Mailing Address:

FEI Number: 20-2425340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SPAFFORD, JEFFREY P  
8241 TIBET BUTLER DR  
WINDERMERE, FL 34786 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:

02/06/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

PTD

02/06/2008

Electronic Signature of Signing Officer or Director

Date