

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90098 048 ***150.00

40106177



05022007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3692685** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEMAIDAN, AMMAR
1690 DUNLAWTON AVENUE
210
PORT ORANGE, FL 32127

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	HEMAIDAN, AMMAR	
STREET ADDRESS	1690 DUNLAWTON AVENUE	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda M. Watson, for Ammar 5/4/07 386 788-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

LINDA M. WATSON, CPA

P.O. Box 291190
Port Orange, FL 32129
(386) 788-8680
Fax: (386) 767-5868

40106177

May 2, 2007

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

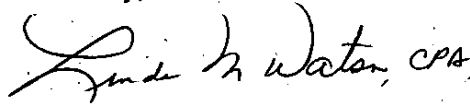
RE: Advanced Healthcare Systems, P.A. Document # P00000112167

Dear Sirs:

Enclosed find 2007 For Profit Corporation Annual Report and check for Filing Fees of \$150.00.

Please waive the \$400 penalty as repeated attempts to file and pay online were made throughout the day on May 1, 2007 and into the evening with no success.

Sincerely,

A handwritten signature in cursive script that reads "Linda M. Watson, CPA". The signature is written in dark ink and is positioned above the printed name.

Linda M. Watson, CPA

ATTACHMENT
40106177

Attachment to Annual Report
Document # P00000112167
Advanced Healthcare Systems, P.A.

Item # 12:

Signor: Linda M. Watson, CPA
4606 Clyde Morris Blvd.
Suite 1-N
Port Orange, FL 32129

President /Director is out of the country and I have been authorized to sign on his behalf.