

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106451

**FILED**  
**Mar 22, 2008**  
**Secretary of State**

**Entity Name:** ADVANCED THERAPY CONCEPTS, INC.

**Current Principal Place of Business:**

12341 NW 18TH ST  
PLANTATION, FL 33323

**New Principal Place of Business:**

2035 N. UNIVERSITY DRIVE  
SUNRISE, FL 33322

**Current Mailing Address:**

12341 NW 18TH ST  
PLANTATION, FL 33323

**New Mailing Address:**

2035 N. UNIVERSITY DRIVE  
SUNRISE, FL 33322

**FEI Number:** 65-1152346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

URSO, WENDY  
12341 NW 18TH ST  
PLANTATION, FL 33323 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: URSO, WENDY  
Address: 12341 NW 18 STREET  
City-St-Zip: PLANTATION, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY URSO

P

03/22/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date