

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126829

FILED
Jan 24, 2005
Secretary of State

Entity Name: ADVANCED CARE SYSTEMS, INC.

Current Principal Place of Business:

8241 TIBET BUTLER
WINDERMERE, FL 34786

New Principal Place of Business:

4767 NEW BROAD STREET
ORLANDO, FL 32814

Current Mailing Address:

8241 TIBET BUTLER
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 75-3166205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: JEFFREY P. SPAFFORD

MR

01/24/2005

Electronic Signature of Signing Officer or Director

_____ Date