

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043482

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** AHCD - ADVANCED HEALTH CARE DESIGN, INC.

**Current Principal Place of Business:**

33 SE 7TH STREET  
BOCA RATON, FL 33432

**New Principal Place of Business:**

33 SE 7TH STREET  
SUITE B  
BOCA RATON, FL 33432

**Current Mailing Address:**

P. O. BOX 934762  
MARGATE, FL 33093

**New Mailing Address:**

**FEI Number:** 26-2538030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BE DESIGN ASSOCIATES, INC.  
33 SE 7TH STREET  
BOCA RATON, FL 33432 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: PSTD ( ) Delete  
Name: THE DARY ORGANIZATIO, N, INC  
Address: P. O. BOX 934762  
City-St-Zip: MARGATE, FL 33093

Title: VPD ( ) Delete  
Name: BACH, PAUL H  
Address: PO BOX 934762  
City-St-Zip: MARGATE, FL 33093

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: STD (X) Change ( ) Addition  
Name: THE DARY ORGANIZATIO, N, INC  
Address: P. O. BOX 934762  
City-St-Zip: MARGATE, FL 33093

Title: PD (X) Change ( ) Addition  
Name: BACH, PAUL H  
Address: PO BOX 934762  
City-St-Zip: MARGATE, FL 33093

Title: VP ( ) Change (X) Addition  
Name: BENEVENTE, ELMAR  
Address: 33 SE 7TH STREET  
City-St-Zip: BOCA RATON, FL 33432

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:** PAUL H. BACH

PD

03/23/2009

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

\_\_\_\_\_  
Date