

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L29835

**Entity Name:** ASSOCIATED HEALTHCARE ADVISORS, INC.

**Current Principal Place of Business:**

146 W SR 434  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

P.O. BOX 1961717  
WINTER SPRINGS, FL 32719 67

**FEI Number: 59-2973875**

**Certificate of Status Desired: No**

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

MOGHADAS, KATHRYN  
146 W SR 434  
WINTER SPRINGS, FL 32708 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DPS  
Name            MOGHADAS, KATHRYN I.  
Address        698 VENTURE COURT  
City-State-Zip: WINTER SPRINGS FL

Title            DVT  
Name            MOGHADAS, MEHRAN M.  
Address        698 VENTURE COURT  
City-State-Zip: WINTER SPRINGS FL

I hereby 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 all other like empowered.

**SIGNATURE: KATHRYN MOGHADAS**

**PRESIDENT**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date