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: SALLY CRONAN

City-State-Zip: SIMPSONVILLE SC 29681

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

SIGNATURE:

Officer/Director Detail :			
Title	PRES	Title	S/T
Name	CRONAN, THOMAS J	Name	CRONAN, SALLY
Address	307 SHADOWBROOKE COURT	Address	307 SHADOWBROOKE COURT
City-State-Zip:	SIMPSONVILLE SC 29681	City-State-Zip:	SIMPSONVILLE SC 29681
Title	MGR		
Name	CRONAN, CASEY JACK		
Address	103 LAUREL OAK TRAIL		

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.

HALLANDALE BEACH, FL 33009 US

HALLANDALE BEACH, FL 33009

Current Mailing Address:

307 SHADOWBROOKE COURT SIMPSONVILLE. SC 29681 US

FEI Number: 59-2706659

Name and Address of Current Registered Agent:

CRONAN, THOMAS J 1000 S DIXIE HWY

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# M36410

Entity Name: ADVANCED THERAPEUTIC CARE, INC.

Current Principal Place of Business:

1000 SOUTH DIXIE HIGHWAY

Certificate of Status Desired: No

OWNER

FILED Jan 21, 2019 Secretary of State 6123394067CC

Date

Date