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: AMMAR HEMAIDAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P00000112167

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ADVANCED HEALTHCARE SYSTEMS, P.A.

Current Principal Place of Business:

1690 DUNLAWTON AVENUE SUITE 210 PORT ORANGE, FL 32127

Current Mailing Address:

1690 DUNLAWTON AVENUE SUITE 210 PORT ORANGE, FL 32127 US

FEI Number: 59-3692685

Name and Address of Current Registered Agent:

HEMAIDAN, AMMAR 1690 DUNLAWTON AVENUE SUITE 210 PORT ORANGE, FL 32127 US

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail ·

Title	MGR	Title	MGR
Name	HEMAIDAN, AMMAR	Name	KORAKLI, MONA
Address	1690 DUNLAWTON AVENUE SUITE 210	Address	1690 DUNLAWTON AVENUE SUITE 210
City-State-Zip:	PORT ORANGE FL 32127	City-State-Zip:	PORT ORANGE FL 32127

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.

03/29/2020 Date

Date

FILED Mar 29, 2020 Secretary of State 9858451573CC

Certificate of Status Desired: No