## 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.

OFFICER

#### SIGNATURE: BERNADINE UKAH

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P16000056490

# Entity Name: ADVANTAGE CARE SOLUTIONS INC

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

600 RINEHART ROAD **SUITE 2080** LAKE MARY, FL 32746

## **Current Mailing Address:**

600 RINEHART ROAD **SUITE 2080** LAKE MARY, FL 32746 US

## FEI Number: 81-3224891

# Name and Address of Current Registered Agent:

UKAH, BERNADINE 1488 LANGHAM TERRACE LAKE MARY, FL 32746 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						
Officer/Director Detail :						
Title	PRESIDENT	Title	Т			
Name	UKAH, BERNADINE O	Name	SOLUTIONS, ADVANTAGE CARE			

TILLE	FRESIDENT	THE	I	
Name	UKAH, BERNADINE O	Name	SOLUTIONS, ADVANTAGE CARE	
Address	600 RINEHART ROAD SUITE 2080	Address	600 RINEHART ROAD SUITE 2080 LAKE MARY FL 32746	
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip.		

Certificate of Status Desired: No

01/22/2024

# FILED Jan 22, 2024 Secretary of State 2312494398CC

Date