

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000068825

**Entity Name:** ADVANCE HEALTHCARE AMERICA INC

**Current Principal Place of Business:**

4300 N UNIVERSITY DRIVE  
E207  
LAUDERHILL, 33351

**Current Mailing Address:**

4300 N UNIVERSITY DRIVE  
E207  
LAUDERHILL, FL 33351 US

**FEI Number:** 81-3668509

**Certificate of Status Desired:** No

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

CALLEJAS, MARIO A JR  
3101 S OCEAN DR  
#1103  
HOLLYWOOD, FL 33019 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 P  
Name CALLEJAS, MARIO  
Address 3101 S OCEAN DR  
#1103  
City-State-Zip: HOLLYWOOD FL 33019

Title VP  
Name CHARLES, JOCELYN A JR  
Address 2681 N FLAMINGO RD S507  
City-State-Zip: SUNRISE FL 33323

Title S  
Name MARRERO, MARILIN  
Address 2641 N FLAMINGO RD  
N1207  
City-State-Zip: SUNRISE FL 33323

*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:** MARIO CALLEJAS

**PRESIDENT**

**04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date