

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000008405

Entity Name: ADVANCED HEALTHCARE CONSULTING, INC.

Current Principal Place of Business:

9535 NEW WATERFORD COVE
DELRAY BEACH , FL 33446

Current Mailing Address:

9535 NEW WATERFORD COVE
DELRAY BEACH, FL 33446 US

FEI Number: 20-0542742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLASER, MAURICIO
3762 NE 166TH STREET
NORTH MIAMI BEACH, FL 33160 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 GLASER, MAURICIO
Address 3762 NE 166TH STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

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: MAURICIO GLASER

PRESIDENT

01/30/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date