

**2022 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:**

9538 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  
9535 NEW WATERFORD COVE  
DELRAY BEACH, FL 33446 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

**PRINCIPAL**

**03/10/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date