

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000083780

**Entity Name:** ADVANCED BENEFITS, INC.

**Current Principal Place of Business:**

3118 GULF TO BAY BLVD.  
#200  
CLEARWATER, FL 33759

**Current Mailing Address:**

PO BOX 91  
ODESSA, FL 33556 US

**FEI Number:** 59-3342363

**Certificate of Status Desired:** No

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

MIKOLAJCZYK, RONALD  
18328 OAKDALE RD  
ODESSA, FL 33556 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 PSTD  
Name MIKOLAJCZYK, RONALD  
Address 18328 OAKDALE RD  
City-State-Zip: ODESSA FL 33556

*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:** RONALD MIKOLAJCZYK

**PRESIDENT**

**02/27/2014**

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

\_\_\_\_\_  
Date