## above, or on an attachment with all other like empowered.

#### SIGNATURE: ROBERT DIDONATO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/12/2020

Date

Date

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ADVANCED MEDICINE, INC.

#### **Current Principal Place of Business:**

3677 CENTRAL AVE SUITE K FT. MYERS, FL 33901

#### **Current Mailing Address:**

DOCUMENT# P9900000056

3677 CENTRAL AVE SUITE K FT. MYERS, FL 33901

#### FEI Number: 65-0893200

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

DIDONATO, ROBERT A 3677 CENTRAL AVE FT MYERS, FL 33901 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	PD	Title	ST
Name	DIDONATO, ROBERT A	Name	DIDONATO, ANDREA J
Address	2924 SE 6TH AVE	Address	2924 SE 6TH AVE
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904

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

## FILED Jan 12, 2020 Secretary of State 9741907102CC

Certificate of Status Desired: No