

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P990000000056

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

**Current Principal Place of Business:**

3677 CENTRAL AVE  
SUITE K  
FT. MYERS, FL 33901

**Current Mailing Address:**

3677 CENTRAL AVE  
SUITE K  
FT. MYERS, FL 33901

**FEI Number:** 65-0893200

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DIDONATO, ROBERT A  
Address 2924 SE 6TH AVE  
City-State-Zip: CAPE CORAL FL 33904

Title ST  
Name DIDONATO, ANDREA J  
Address 2924 SE 6TH AVE  
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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT DIDONATO

**PRESIDENT**

**01/02/2015**

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

\_\_\_\_\_  
Date