Electronic Signature of Registered Agent

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

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

Officer/Director Detail : Title PD Title ST DIDONATO, ROBERT A DIDONATO, ANDREA J Name Name 2924 SE 6TH AVE Address

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.

Name and Address of Current Registered Agent:

City-State-Zip: CAPE CORAL FL 33904

DOCUMENT# P9900000056

Entity Name: ADVANCED MEDICINE, INC.

Current Principal Place of Business:

FEI Number: 65-0893200

3677 CENTRAL AVE

FT. MYERS, FL 33901

3677 CENTRAL AVE

FT. MYERS, FL 33901

Current Mailing Address:

SUITE K

SUITE K

DIDONATO, ROBERT A 3677 CENTRAL AVE

FT MYERS, FL 33901 US

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2017 Secretary of State CC8725174091

Certificate of Status Desired: No

2924 SE 6TH AVE Address City-State-Zip: CAPE CORAL FL 33904 Date

PRESIDENT

01/07/2017