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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J88229

1. Corporation Name
ADVANCED HEALTH CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4422 LAFAYETTE, P O BOX 188, MARIANNA FL 32447-0188, US
 Mailing Address: 4422 LAFAYETTE, P O BOX 188, MARIANNA FL 32447-0188, US

3. Date Incorporated or Qualified
08/18/1987

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2876296

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, PHILIP W.
 4523 DECATUR ST
 MARIANNA FL 32446

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, LUCIEN W. JR	
STREET ADDRESS	4384 KELSON AVE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, LOIS A.	
STREET ADDRESS	4384 KELSON AVE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, PHILIP W.	
STREET ADDRESS	4523 DECATUR ST	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip W. Watson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/99 850-482-4037
 Date Daytime Phone #

CR2E034 (1/98)