

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96643

FILED
Apr 15, 2005
Secretary of State

Entity Name: ADVANCED HEALTH SYSTEMS, INC.

Current Principal Place of Business:

4141 TAMIAMI TRAIL
SUITE 18
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

4141 TAMIAMI TRAIL
SUITE 18
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0005735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALICA, KATHLEEN M.
7338 PERIWINKLE DR
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DEVINE, KATHLEEN G
Address: 7338 PERIWINKLE DR.
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: DEVINE, KATHLEEN G
Address: 7338 PERIWINKLE DR.
City-St-Zip: SARASOTA, FL

Title: V () Delete
Name: DEVINE, KATHLEEN G
Address: 7338 PERIWINKLE DR.
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN G DEVINE

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

Date