2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2012
Secretary of State

DOCUMENT# L29835

Entity Name: ASSOCIATED HEALTHCARE ADVISORS, INC.

Current Principal Place of Business:

4255 US HWY 17/92
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1961717
WINTER SPRINGS, FL 32719

New Mailing Address:

P.O. BOX 1961717
WINTER SPRINGS, FL 32719 67

FEI Number: 59-2973875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOGHADAS, KATHRYN
4255 US HWY 17/92
CASSELBERRY, FL 32707 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

OFFICERS AND DIRECTORS:

Title: DPS
Name: MOGHADAS, KATHRYN I.
Address: 698 VENTURE COURT
City-St-Zip: WINTER SPRINGS, FL

Title: DVT
Name: MOGHADAS, MEHRAN M.
Address: 698 VENTURE COURT
City-St-Zip: WINTER SPRINGS, FL

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: KATHRYN I MOGHADAS PRES 02/24/2012

Electronic Signature of Signing Officer or Director Date