

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L57989

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** ADVANCED THERAPEUTICS AND HEALTH CARE, INC.

**Current Principal Place of Business:**

7301 N. UNIVERSITY DR  
SUITE 301  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 67-0884  
CORAL SPRINGS, FL 330670884 US

**New Mailing Address:**

**FEI Number:** 65-0180456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWMAN, IVY  
5080 N.W. 64TH DR  
CORAL SPRINGS, FL 33067 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: D ( ) Delete  
Name: NEWMAN, IVY  
Address: 5080 NW 64TH DR  
City-St-Zip: CORAL SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** IVY NEWMAN

VP

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date