2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 AM
Secretary of State

DOCUMENT# N98000002741

Entity Name: AVANCE, INC.

Current Principal Place of Business:

3475 S SUNCOAST BLVD
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

1029 MEDICAL CIRCLE CENTER
SUITE 200
MAYFIELD, KY 42066

New Mailing Address:

FEI Number: 59-3514992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, SHERRI L
330 S ORANGE AVENUE
SARASOTA, FL 34236 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:	D	( ) Delete
Name:	ARGOTTE, ALEX	
Address:	1029 MEMORIAL CENTER CIRCLE, SUITE 200	
City-St-Zip:	MAYFIELD, KY 42066	
Title:	D	( ) Delete
Name:	ARGOTTE, FREDDY	
Address:	C/O 3475 S SUNCOAST BLVD.	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	D	( ) Delete
Name:	RICARD, MARIA	
Address:	C/O 3475 S SUNCOAST BLVD	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	D	( ) Delete
Name:	ARGOTTE, MARTHA	
Address:	C/O 3475 S SUNCOAST BLVD.	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	D	( ) Delete
Name:	DURAN, CATHY	
Address:	C/O 3475 S SUNCOAST BLVD.	
City-St-Zip:	HOMOSASSA, FL 34448	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX ARGOTTE PRES 04/28/2002

Electronic Signature of Signing Officer or Director — Date