2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P00000095368

Entity Name: ADVANCED GERIATRIC SOLUTIONS, INC.

Current Principal Place of Business:

P. O. BOX 622
CRYSTAL RIVER, FL 34423

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 622
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 59-7191491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARDY, JOHN S III
521 W. FT. ISLAND TRAIL, SUITE A
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

CLARDY, JOHN S III
243 NE 7TH STREET
CRYSTAL RIVER, FL 34428 US

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: JOHN S. CLARDY III 02/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARTENSSON, CHRISTINA
Address: P. O. BOX 622
City-St-Zip: CRYSTAL RIVER, FL 34423

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: CHRISTINA MARTENSSON D 02/23/2009
Electronic Signature of Signing Officer or Director Date