

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000095368

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED GERIATRIC SOLUTIONS, INC.

**Current Principal Place of Business:**

P. O. BOX 622  
CRYSTAL RIVER, FL 34423

**New Principal Place of Business:**

2950 N. SENECA PT  
CRYSTAL RIVER, FL 34429

**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  
243 NE 7TH STREET  
CRYSTAL RIVER, FL 34428 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  
Name: MARTENSSON, CHRISTINA  
Address: P. O. BOX 622  
City-St-Zip: CRYSTAL RIVER, FL 34423

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: CHRISTINA MARTENSSON

D

04/02/2012

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

\_\_\_\_\_  
Date