

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042272

FILED
Apr 30, 2009
Secretary of State

Entity Name: ADVANCED MEDICAL CLINIC, P.A.

Current Principal Place of Business:

4886 LAKE WORTH RD
GREEN ACRES, FL 33463

New Principal Place of Business:

3347 STATE ROAD 7
206
WELLINGTON, FL 33449

Current Mailing Address:

4886 LAKE WORTH RD
GREEN ACRES, FL 33463

New Mailing Address:

3347 STATE ROAD 7
206
WELLINGTON, FL 33449

FEI Number: 01-0668434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTEN, LOUIS F
5321 LAKE WORTH RD
LAKE WORTH, FL 33463 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: GUNAWARDENE, ISHAN A
Address: 4886 LAKE WORTH RD
City-St-Zip: GREEN ACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUNAWARDENE, ISHAN A
Address: 3347 STATE ROAD 7 STE 206
City-St-Zip: WELLINGTON, FL 33449

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: ISHAN GUNAWARDENE

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date