

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042272

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: ADVANCED MEDICAL CLINIC, P.A.

**Current Principal Place of Business:**

3347 STATE ROAD 7  
206  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

3347 STATE ROAD 7  
206  
WELLINGTON, FL 33449

**New Mailing Address:**

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:**

PATTEN, LOUIS F  
7556 LAKE WORTH RD # 105  
LAKE WORTH, FL 33463      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: LOUIS PATTEN

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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: ISHAN GUNAWARDENE

D

04/24/2012

Electronic Signature of Signing Officer or Director

Date