2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073990

Name:

Address:

City-St-Zip:

SMELTZER, SHAYNA L

703 HARBOR CIRCLE

PALM HARBOR, FL 34683

Entity Name: ADVANCED CARE ADVISORS, INC.

FILED Jan 16, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	NCAN AVE ST ATER, FL 337				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 5 PALM HAF	01 RBOR, FL 34	682			
FEI Number	: 81-0560144	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PALM HAP	OR CIRCLE RBOR, FL 34		purpose of changing its registere	d office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU					
Election Car		nic Signature of Registered Ag g Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (SMELTZER, L 703 HARBOR PALM HARBO	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPRE (JACKSON, RU 703 HARBOR PALM HARBO	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC. () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RUSSELL W JACKSON VPRE 01/16/2009