

PO2000073990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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Re
Change

03/25/10--01011--020 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR
3/26/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Care Advisors, Inc
Name of Corporation

DOCUMENT NUMBER: P02000073990

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lory Smeltzer
Name of Contact Person

Advanced Care Advisors
Firm/Company

3385 Clarine Way E
Address

Dunedin, FL 34698
City/State and Zip Code

lory@advars.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lory Smeltzer
Name of Contact Person at (727) 481-6042
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Advanced Care Advisors, Inc.
2. The principal office address: 300 S Duncan Ave Ste 296A
Clearwater, FL 33755
3. The mailing address (if different): P.O. Box 501
Palm Harbor, FL 34682
4. Date of incorporation/qualification: 07/08/2002 Document number: P02000073990
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Lory Smeltzer
703 Harbor Circle
Palm Harbor, FL 34683

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lory Smeltzer
3385 Clarine Way E
P.O. Box NOT acceptable
Dunedin, FL 34698

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lory Smeltzer
Signature of an officer or director

Lory Smeltzer, Pres/CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lory Smeltzer
Signature of Registered Agent

3/23/10
Date

If signing on behalf of an entity:

Lory Smeltzer
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)