


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 026 ***150.00

DOCUMENT # P03000035065 1. Entity Name ADVANTAGE MANAGED CARE INC.	
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Principal Place of Business 100 S PINE ISLAND RD STE 118 PLANTATION, FL 33324	Mailing Address 100 S PINE ISLAND RD STE 118 PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

40062123



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2353583	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADETULA, JIMI 100 S. PINE ISLAND RD., #118 #118 PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADETULA, JIMI 100 S PINE ISLAND RD STE 118 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEBUTE, O.PETER 1229 N S.R. 7 FT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOONAN, RAY 100 S PINE ISLAND RD STE 118 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JIMI ADETULA	4/2/08	954 472 2999
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>