

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035065

FILED  
May 01, 2009  
Secretary of State

Entity Name: ADVANTAGE MANAGED CARE INC.

## Current Principal Place of Business:

100 S PINE ISLAND RD STE 118  
PLANTATION, FL 33324

## New Principal Place of Business:

100 S PINE ISLAND RD  
STE 142  
PLANTATION, FL 33324

## Current Mailing Address:

100 S PINE ISLAND RD STE 118  
PLANTATION, FL 33324

## New Mailing Address:

100 S PINE ISLAND RD  
STE 142  
PLANTATION, FL 33324

FEI Number: 56-2353583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADETULA, JIMI  
100 PINE ISLAND RD., #118  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

ADETULA, JIMI  
100 PINE ISLAND RD  
STE 142  
PLANTATION, FL 33324 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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADETULA, JIMI  
Address: 100 S PINE ISLAND RD STE 118  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: ELEBUTE, O.PETER  
Address: 1229 N S.R. 7  
City-St-Zip: FT LAUDERDALE, FL 33313

Title: D ( ) Delete  
Name: NOONAN, RAY  
Address: 100 S PINE ISLAND RD STE 118  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ADETULA, JIMI  
Address: 100 S PINE ISLAND RD STE 142  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: NOONAN, RAY  
Address: 100 S PINE ISLAND RD STE 142  
City-St-Zip: PLANTATION, FL 33324

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: JIMI ADETULA

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date