

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000041145

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED HEALTH CHOICE, INC.

**Current Principal Place of Business:**

8535 SW 208 LN  
MIAMI, FL 33189

**New Principal Place of Business:**

7041 TORPHIN PLACE  
MIAMI LAKES, FL 33041

**Current Mailing Address:**

20458 OLD CUTLER ROAD  
#154  
MIAMI, FL 33189

**New Mailing Address:**

7041 TORPHIN PLACE  
MIAMI LAKES, FL 33041

**FEI Number:** 83-0356332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERCADO, AXEL L  
8535 SW 208 LN  
MIAMI, FL 33189 US

**Name and Address of New Registered Agent:**

MERCADO, AXEL L  
7041 TORPHIN PLACE  
MIAMI LAKES, FL 33041 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:** AXEL L MERCADO

04/05/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MERCADO, AXEL L  
**Address:** 7041 TORPHIN PLACE  
**City-St-Zip:** MIAMI LAKES, FL 33041

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:** AXEL L MERCADO

PD

04/05/2010

Electronic Signature of Signing Officer or Director

Date