2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103551

Entity Name: ADVANCED THERAPEUTIC CHOICE CMHC, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8750 SW 159 STREET 4723 NW 79 AVENUE MIAMI, FL 33157 MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

8750 SW 159 STREET 4723 NW 79 AVENUE MIAMI, FL 33157 MIAMI, FL 33166 US

FEI Number: 30-0278223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HOCHFELDER, EVELYNHOCHFELDER, EVELYN8750 SW 159 STREET4723 NW 79 AVENUEMIAMI, FL 33157 USMIAMI, FL 33166 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: EVELYN HOCHFELDER 04/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HOCHFELDER, EVELYN Name: HOCHFELDER, EVELYN

 HOCHFELDER, EVELYN
 Name:
 HOCHFELDER, EVEL

 8750 SW 159 STREET
 Address:
 4723 NW 79 AVENUE

 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EVELYN HOCHFELDER P 04/13/2005