

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103551

FILED
Apr 24, 2008
Secretary of State

Entity Name: ADVANCED THERAPEUTIC CHOICE CMHC, INC.

Current Principal Place of Business:

4723 NW 79 AVENUE
DORAL, FL 33166 US

New Principal Place of Business:

3901 NW 79 AVENUE
SUITE 115
DORAL, FL 33166 US

Current Mailing Address:

4723 NW 79 AVENUE
DORAL, FL 33166 US

New Mailing Address:

3901 NW 79 AVENUE
SUITE 115
DORAL, FL 33166 US

FEI Number: 30-0278223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ ABREU, CARMEN B
4723 NW 79 AVENUE
DORAL, FL 33166 US

Name and Address of New Registered Agent:

GOMEZ ABREU, CARMEN B
3901 NW 79 AVENUE
SUITE 115
DORAL, 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:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: GOMEZ ABREU, CARMEN B
Address: 4723 NW 79 AVENUE
City-St-Zip: DORAL, FL 33166 US

Title: S/D () Delete
Name: PEREZ, JEAN
Address: 4723 NW 79 AVENUE
City-St-Zip: DORAL, FL 33166 US

Title: T/D () Delete
Name: SANTI, ANTONIO
Address: 4723 NW 79 AVENUE
City-St-Zip: DORAL, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GOMEZ ABREU, CARMEN B
Address: 3901 NW 79 AVENUE, SUITE 115
City-St-Zip: DORAL, FL 33166 US

Title: S/D (X) Change () Addition
Name: PEREZ, JEAN
Address: 3901 NW 79 AVENUE, SUITE 115
City-St-Zip: DORAL, FL 33166 US

Title: T/D (X) Change () Addition
Name: SANTI, ANTONIO
Address: 3901 NW 79 AVENUE, SUITE 115
City-St-Zip: DORAL, FL 33166 US

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: CARMEN B GOMEZ ABREU

P/D

04/24/2008

Electronic Signature of Signing Officer or Director

Date