

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103551

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ADVANCED THERAPEUTIC CHOICE CMHC, INC.

## Current Principal Place of Business:

3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 33166 US

## New Principal Place of Business:

3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 331666554 US

## Current Mailing Address:

3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 33166 US

## New Mailing Address:

3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 331666554 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:

GOMEZ ABREU, CARMEN B  
3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 33166 US

## Name and Address of New Registered Agent:

GOMEZ ABREU, CARMEN B  
3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 331666554 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:

04/22/2009

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: 3901 NW 79 AVENUE, SUITE 115  
City-St-Zip: DORAL, FL 33166 US

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

Title: T/D ( ) Delete  
Name: SANTI, ANTONIO  
Address: 3901 NW 79 AVENUE, SUITE 115  
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 331666554 US

Title: S/D (X) Change ( ) Addition  
Name: PEREZ, JEAN  
Address: 3901 NW 79 AVENUE, SUITE 115  
City-St-Zip: DORAL, FL 331666554 US

Title: T/D (X) Change ( ) Addition  
Name: SANTI, ANTONIO  
Address: 3901 NW 79 AVENUE, SUITE 115  
City-St-Zip: DORAL, FL 331666554 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

04/22/2009

Electronic Signature of Signing Officer or Director

Date