

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103551

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** ADVANCED THERAPEUTIC CHOICE CMHC, INC.

**Current Principal Place of Business:**

3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 331666554 US

**New Principal Place of Business:**

**Current Mailing Address:**

3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 331666554 US

**New Mailing Address:**

**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  
3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 331666554 US

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

GOMEZ ABREU, CARMEN  
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:** CARMEN GOMEZ ABREU

04/22/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** GOMEZ ABREU, CARMEN  
**Address:** 3901 NW 79 AVENUE, SUITE 115  
**City-St-Zip:** DORAL, FL 331666554 US

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

**Title:** T/D  
**Name:** SANTI, ANTONIO  
**Address:** 3901 NW 79 AVENUE, SUITE 115  
**City-St-Zip:** DORAL, FL 331666554 US

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:** CARMEN GOMEZ ABREU

P/D

04/22/2010

Electronic Signature of Signing Officer or Director

Date