

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103551

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 33166554 US

**New Principal Place of Business:**

3900 NW 79 AVENUE  
SUITE 652  
DORAL, FL 33166 US

**Current Mailing Address:**

3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 33166554 US

**New Mailing Address:**

15531 SW 147TH AVE  
MIAMI, FL 33187 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  
3901 NW 79 AVENUE  
SUITE 115  
DORAL, FL 33166554 US

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

SANTI, ANTONIO  
15531 SW 147TH AVE  
MIAMI, FL 33187 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: ANTONIO SANTI

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: GOMEZ ABREU, CARMEN  
Address: 3900 NW 79 AVENUE, SUITE 652  
City-St-Zip: DORAL, FL 33166 US

Title: S/D  
Name: PEREZ, JEAN  
Address: 3900 NW 79 AVENUE, SUITE 652  
City-St-Zip: DORAL, FL 33166 US

Title: T/D  
Name: SANTI, ANTONIO  
Address: 3900 NW 79 AVENUE, SUITE 652  
City-St-Zip: DORAL, FL 33166 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: ANTONIO SANTI

T/D

04/13/2011

Electronic Signature of Signing Officer or Director

Date