

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115618

FILED
Apr 26, 2005
Secretary of State

Entity Name: ADVANCE MEDICAL CENTER, INC.

Current Principal Place of Business:

5145 SW 8 STREET
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

5145 SW 8 STREET
MIAMI, FL 33134

New Mailing Address:

FEI Number: 54-2159217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, FERNANDO
5145 SW 8 STREET
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUAREZ, FERNANDO
Address: 5145 SW 8 STREET
City-St-Zip: MIAMI, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CARBALLO, ERNESTO
Address: 190 NW 49 AVENUE
City-St-Zip: MIAMI, FL 33126

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: ERNESTO CARBALLO

VP

04/26/2005

Electronic Signature of Signing Officer or Director

Date