

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000139502

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ADVANTAGE HEALTHCARE, INC.

**Current Principal Place of Business:**

2832 STIRLING ROAD  
STE L  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2832 STIRLING ROAD  
STE L  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 41-2153851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VORONA, INNA  
3363 NE 163 STREET STE 804  
N. MIAMI, FL 33160 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEN, LEONID  
Address: 2832 STIRLING ROAD, STE L  
City-St-Zip: HOLLYWOOD, FL 33020

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: LEONID MEN

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date