
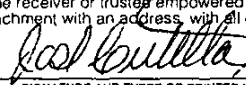


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90199 029 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000017665					
1. Entity Name ADVANCED THERAPY SOLUTIONS, INC.					
Principal Place of Business 375 DOUGLAS AVE., SUITE 1004 ALTAMONTE SPRINGS, FL 32714			Mailing Address 375 DOUGLAS AVE., SUITE 1004 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-336-9161	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTILLAS, JOSE 170 DOVETAIL CT. APOPKA, FL 32703				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARDOT, MYRIAM E		NAME		
STREET ADDRESS	284 N. WILDERNESS POINT		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, EBERTO		NAME		
STREET ADDRESS	789 MONROE HARBOR PLACE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUTILLAS, JOSE		NAME		
STREET ADDRESS	170 DOVETAIL CT.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JOSE CUTILLAS		04/21/06 (407) 788-7515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	