

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017665

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: ADVANCED THERAPY SOLUTIONS, INC.

## Current Principal Place of Business:

375 DOUGLAS AVE., SUITE 1004  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

385 DOUGLAS AVE.,  
SUITE 1100  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

375 DOUGLAS AVE., SUITE 1004  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

385 DOUGLAS AVE.,  
SUITE 1100  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-3369161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUTILLAS, JOSE  
170 DOVETAIL CT.  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

CUTILLAS, JOSE  
2645 GRASSMOOR LP  
APOPKA, FL 32712 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: EBERTO LOPEZ

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete  
Name: LOPEZ, EBERTO  
Address: 789 MONROE HARBOR PLACE  
City-St-Zip: SANFORD, FL 32773

Title: PT ( ) Delete  
Name: CUTILLAS, JOSE  
Address: 170 DOVETAIL CT.  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PT (X) Change ( ) Addition  
Name: CUTILLAS, JOSE  
Address: 2645 GRASSMOOR LP  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EBERTO LOPEZ

VPS

04/21/2009

Electronic Signature of Signing Officer or Director

Date