

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000034641

1. Entity Name
ADVANCED PRACTICE, INC.



Principal Place of Business
**850 NO. SHORE DR.
MIAMI BEACH, FL 33141**

Mailing Address
**850 NO. SHORE DR.
MIAMI BEACH, FL 33141**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-7816368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORALES, MERCEDES MS.
1800 SW 1 ST.
SUITE #321
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PICARDAT, AURORA ARNP
STREET ADDRESS	850 NO. SHORE DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33141

TITLE	VP 1
NAME	PICARDAT, STEPHANIE
STREET ADDRESS	850 NO. SHORE DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33141

TITLE	VP 2
NAME	MAMUYAC, LUCILA P RN
STREET ADDRESS	26405 JOY RD.
CITY-ST-ZIP	DEARBORN HTS., MI 48127

TITLE	SEC
NAME	LYON, EVELYN P MS.
STREET ADDRESS	26405 JOY RD.
CITY-ST-ZIP	DEARBORN HTS., MI 48127

TITLE	TREA
NAME	PABON, ROWENA M MISS
STREET ADDRESS	26405 JOY RD.
CITY-ST-ZIP	DEARBORN HTS., MI 48127

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/23/07-80012-016 150.00

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: *Aurora Picardat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/07