

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
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**



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number
26-7816368

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Mercedes Morales

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

U000000347150
06/02/08-80002-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

5/1/08

Date

(305) 502-5554

Daytime Phone #