

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000121418

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** ADVENT MEDICAL RESEARCH, INC.

**Current Principal Place of Business:**

4820 PARK BLVD  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

4820 PARK BLVD  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 20-3406363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAMLET, DALE G DR.  
4820 PARK BLVD  
PINELLAS PARK, FL 33781 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: CEO  
Name: BRAMLET, DALE  
Address: 4820 PARK BLVD  
City-St-Zip: SAINT PETERSBURG, FL 33781

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: DALE G. BRAMLET

PRES

03/26/2012

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

\_\_\_\_\_  
Date