

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142201

FILED
Jan 19, 2006
Secretary of State

Entity Name: ADVANCED HEALTH CONCEPTS, INC.

Current Principal Place of Business:

6271-24 SAINT AUGUSTINE ROAD
SUITE 237
JACKSONVILLE, FL 32217

New Principal Place of Business:

2434 CASTELLON DR. N.
JACKSONVILLE, FL 32217

Current Mailing Address:

6271-24 SAINT AUGUSTINE ROAD
SUITE 237
JACKSONVILLE, FL 32217

New Mailing Address:

2434 CASTELLON DR. N.
JACKSONVILLE, FL 32217

FEI Number: 20-3641076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAVISTO, ROBERT J
6271-24 ST. AUGUSTINE RD.
SUITE 237
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

HAAVISTO, ROBERT J
2434 CASTELLON DR. N.
JACKSONVILLE, FL 32217 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: ROBERT J. HAAVISTO

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAAVISTO, ROBERT J
Address: 2434 CASTELLON DR. N.
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: HAAVISTO, JANET M PH.D.
Address: 2434 CASTELLON DR. N.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J. HAAVISTO

PRES

01/19/2006

Electronic Signature of Signing Officer or Director

Date