

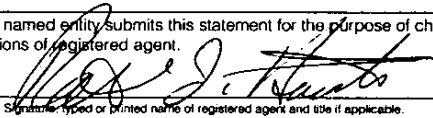
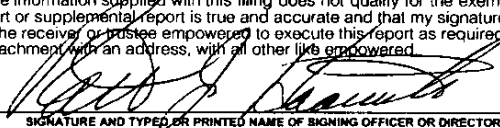


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90017 005 ***150.00

DOCUMENT # P05000142201 1. Entity Name ADVANCED HEALTH CONCEPTS, INC.					
Principal Place of Business 2434 CASTELLON DR. N. JACKSONVILLE, FL 32217			Mailing Address 2434 CASTELLON DR. N. JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box # 3536 UNIVERSITY BLVD. N. Suite, Apt. #, etc. Suite 181		3. Mailing Address 3536 UNIVERSITY BLVD. N. Suite, Apt. #, etc. Suite 181			
City & State JACKSONVILLE		City & State JACKSONVILLE, FL		4. FEI Number 20-3641076	
Zip 32277		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAAVISTO, ROBERT J 2434 CASTELLON DR. N. JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name HAAVISTO Robert J. Street Address (P.O. Box Number is Not Acceptable) 3536 UNIVERSITY BLVD. N. Suite 181 JACKSONVILLE, FL 32217 City FL Zip Code	
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  DATE 1-8-2007 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE P <input type="checkbox"/> Delete NAME HAAVISTO, ROBERT J STREET ADDRESS 2434 CASTELLON DR. N. CITY-ST-ZIP JACKSONVILLE, FL 32217			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HAAVISTO Robert J. STREET ADDRESS 3536 UNIVERSITY BLVD N. Suite 181 CITY-ST-ZIP JACKSONVILLE, FL 32217		
TITLE VP <input type="checkbox"/> Delete NAME HAAVISTO, JANET M PH.D. STREET ADDRESS 2434 CASTELLON DR. N. CITY-ST-ZIP JACKSONVILLE, FL 32217			TITLE V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HAAVISTO JANET M. STREET ADDRESS 3536 UNIVERSITY BLVD. N. Suite 181 CITY-ST-ZIP JACKSONVILLE, FL 32217		
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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: 				Date 1-8-2007	