

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142201

FILED
Feb 02, 2009
Secretary of State

Entity Name: ADVANCED HEALTH CONCEPTS, INC.

Current Principal Place of Business:

3536 UNIVERSITY BLVD N.
SUITE 181
JACKSONVILLE, FL 32277 US

Current Mailing Address:

3536 UNIVERSITY BLVD N.
SUITE 181
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

6271-24 ST. AUGUSTINE RD.
SUITE 157
JACKSONVILLE, FL 32217 US

New Mailing Address:

6271-24 ST. AUGUSTINE RD.
SUITE 157
JACKSONVILLE, FL 32217 US

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
2434 CASTELLON DR. N.
JACKSONVILLE, FL 32217 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAAVISTO, ROBERT J
Address: 3536 UNIVERSITY BLVD N. SUITE 181
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: HAAVISTO, JANET M PH.D.
Address: 3536 UNIVERSITY BLVD N. SUITE 181
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAAVISTO, ROBERT J
Address: 6271-24 ST. AUGUSTINE RD. SUITE 157
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP (X) Change () Addition
Name: HAAVISTO, JANET M PH.D.
Address: 6271-24 ST. AUGUSTINE RD. SUITE 157
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify 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

02/02/2009

Electronic Signature of Signing Officer or Director

Date