

2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000066988 1. Entity Name ADVANCED LIFE MANAGEMENT, INC.					
Principal Place of Business 5401 S KIRKMAN RD STE 310 ORLANDO, FL 32819 US			Mailing Address 7512 DR PHILLIPS BLVD STE 50-330 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 7512 DR PHILLIPS BLVD Suite, Apt. #, etc. STE 50-330			3. Mailing Address Suite, Apt. #, etc. City & State ORLANDO FL		
Zip 32819		Country USA		4. FEI Number 76-0828128	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				10142013 Chg-P CR2E034 (12/11)	
6. Name and Address of Current Registered Agent MANDINO, ANDREW 291 SAGECREST DRIVE OCOE, FL 34761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MANDINO, ANDREW STREET ADDRESS 291 SAGECREST DRIVE CITY- ST- ZIP OCOE, FL 34761	☐ Delete		TITLE VP NAME LISA MANDINO STREET ADDRESS 291 SAGECREST DR CITY- ST- ZIP OCOE FL 34761	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 507, 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: _____			11-14-13 AMANDINO@ADVANCEDLM.COM		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		E-MAIL ADDRESS



Corporations

Payments Tools Activity

rvarnadore ~

Information

Annual Report Filing History

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Session

Transaction ID	Description	Filing Stage
p06000066988-28de3ac5-5771-4c5c-865e-9d629b22503f	Session file for p06000066988 with last modified date of 5/2/2013 10:49:36 AM Eastern Standard Time	Edit
p06000066988-6d701a55-1585-46f0-a7fc-9e62db7a6b73	Session file for p06000066988 with last modified date of 9/20/2013 4:26:41 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
P06000066988-005fffec-8e0d-481b-a898-b4c8fa00a9e9	P06000066988	0	2	5/1/2012 12:00:00 AM
P06000066988-249b4083-a738-422d-a30e-19bb2ea8ea66	P06000066988	0	2	5/3/2010 12:00:00 AM
P06000066988-303ac43c-e09c-4aa0-973c-35841e50c62d	P06000066988	0	2	5/1/2011 12:00:00 AM
p06000066988-6d701a55-1585-46f0-a7fc-9e62db7a6b73	P06000066988	550	0	9/20/2013 4:26:44 PM

