

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087063

FILED
May 01, 2009
Secretary of State

Entity Name: ADVANCED MEDICARE SERVICES INC.

Current Principal Place of Business:

7028 SE 106 PL
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7028 SE 106 PL
MIAMI, FL 33173

New Mailing Address:

FEI Number: 56-2596822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAIMES, ELENA
7028 SE 106 PL
MIAMI, FL 33173 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORRATA, DAYRON
Address: 23832 SE 108TH AVE
City-St-Zip: MIAMI, FL 33032

Title: VPD () Delete
Name: MUNOZ, JOSE
Address: 9010 SE 10 TERR
City-St-Zip: MIAMI, FL 33174

Title: VPD () Delete
Name: JAIMES, ELENA
Address: 7028 SE 106 PL
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: MOYA, LIVAN
Address: 7350 NW 4 ST
City-St-Zip: MIAMI, FL 33126

Title: TD () Delete
Name: TERAN, RODOLFO C
Address: 1305 W 26 PL - # 306
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: PORRATA, DAYRON
Address: 23832 SE 108TH AVE
City-St-Zip: MIAMI, FL 33032

Title: PD (X) Change () Addition
Name: MUNOZ, JOSE
Address: 9010 SE 10 TERR
City-St-Zip: MIAMI, FL 33174

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

Title: VPD (X) Change () Addition
Name: MOYA, LIVAN
Address: 7350 NW 4 ST
City-St-Zip: MIAMI, FL 33126

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

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: JOSE MUNOZ

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date