## **2007 FOR PROFIT CORPORATION**

## FILED Jan 16, 2007 8:00 am

AIIIVAL ILLI VIII				Secretary of State
DOCUMENT # P06000106166  1. Entity Name ADVANCE QUALITY MEDICAL CENTER, INC.				01-16-2007 90204 039 ***158.75
Principal Place of Business 1890 SW 57 AVE #104		Mailing Address 1890 SW 57 AVE #104	4	60000917
MIAMI, FL 33155		MIAMI, FL 33155		9,2
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	<del>., ., ., .</del>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number 4592155 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name -	7. Name and Address of New Registered Agent
GONZALEZ, JUNIOR 2130 SW 59 AVE MIAMI, FL 33155			Street Address	s (PO Box Number is Not Acceptable)
10117 (1010, 1 2	₹		City	<b>□</b> I Z <sub>IP</sub> 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. Lam familiar with, and accept				
the obligations of registered agent.				
SIGNATURE Signature sysped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Conti		5.00 May Be dded to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JUNIOR 2130 SW 59 AVE MIAMI, FL 33155	(_) Delete	TITLE NAME STREET ADDRESS OITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C ) Doiele	TITLE NAME STREET AUDRESS CITY ST 709	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[_] Delete	TITLE NAME STREET ADDRESS GTY+ST_ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREEI ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY SEZIP	☐ Change ☐ Addition

12. Thereby certify that the information supplied with this lifting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is firmly and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or trustee on respected 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 Justice Tke empowered.

NIED NAME OF SIGNING OFFICER OR DIRECTOR