## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112260

Entity Name: ADVANCED CARE MEDICAL SUPPLIES INC.

FILED May 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13380 SW 131 STREET SUITE 114 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

13380 SW 131 STREET SUITE 114 MIAMI, FL 33186

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORTA, LETICIA
430 NW 47 AVE APT 2
MIAMI, FL 33126 US
LLORENTE, GUILLERMO
13380 SW 131 STREET
SUITE 114
MIAMI, FL 33186 US

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: GUILLERMO LLORENTE 05/12/2007

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DORTA, LETICIA Name: LLORENTE, GUILLERMO

Address: 13380 SW 131 STREET, SUITE 114 Address: 13380 SW 131 STREET, SUITE 114

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

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: GUILLERMO LLORENTE P/D 05/12/2007