

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143673

FILED
Apr 30, 2009
Secretary of State

Entity Name: AVANTCARE, INC.

Current Principal Place of Business:

5016 BEARWALLOW MOUNTAIN ROAD
HENDERSONVILLE, NC 28792 US

New Principal Place of Business:

Current Mailing Address:

172 HIGHLANDS SQUARE DR.
#5
HENDERSONVILLE, NC 28792 US

New Mailing Address:

FEI Number: 26-0426034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAWLEY, CAROL
135 WOODBINE CIRCLE
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

NORTHWEST REGISTERED AGENT, LLC
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: DAN KEEN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P-D () Delete
Name: WESTBY-GIBSON, FRANK
Address: 172 HIGHLANDS SQUARE DRIVE #5
City-St-Zip: HENDERSONVILLE, NC 28792 US

Title: VP-D () Delete
Name: WESTBY-GIBSON, NEIL
Address: 172 HIGHLANDS SQUARE DRIVE #5
City-St-Zip: HENDERSONVILLE, NC 28792 US

Title: ST-D () Delete
Name: BRAWLEY, CAROL
Address: 172 HIGHLANDS SQUARE DRIVE #5
City-St-Zip: HENDERSONVILLE, NC 28792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WESTBY-GIBSON, FRANK
Address: 172 HIGHLANDS SQUARE DRIVE #5
City-St-Zip: HENDERSONVILLE, NC 28792 US

Title: P-D (X) Change () Addition
Name: WESTBY-GIBSON, NEIL
Address: 172 HIGHLANDS SQUARE DRIVE #5
City-St-Zip: HENDERSONVILLE, NC 28792 US

Title: VP-D (X) Change () Addition
Name: BRAWLEY, CAROL
Address: 172 HIGHLANDS SQUARE DRIVE #5
City-St-Zip: HENDERSONVILLE, NC 28792 US

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: CAROL BRAWLEY

VP-D

04/30/2009

Electronic Signature of Signing Officer or Director

Date