

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000101731

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED CARE GROUP HOME, INC.

**Current Principal Place of Business:**

1022 SOUTH D STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

4475 IXORA CIRCLE  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 75-3255488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MERKLE, WILLIAM R.  
1901 S. CONGRESS AVE., STE. 120  
BOYNTON BEACH, FL 33426 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: ST LOUIS, FRANCE P  
Address: 1022 SOUTH D STREET  
City-St-Zip: LAKE WORTH, FL 33461

Title: D VP  
Name: GRACE J., MADEUS  
Address: 4475 IXORA CIRCLE  
City-St-Zip: LAKE WORTH, FL 33460

I hereby 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 all other like empowered.

SIGNATURE: FRANCE P ST LOUIS

DPS

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date