

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000125437

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED HEALTH & WELLNESS, INC.

**Current Principal Place of Business:**

8101 CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8101 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

7333 CORAL WAY  
108  
MIAMI, FL 33155

**FEI Number:** 26-3000204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, CARLOS DR  
8101 CORAL WAY  
MIAMI, FL 33155 US

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

GONZALEZ, CARLOS DR  
7333 CORAL WAY #108  
MIAMI, FL 33155 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:** CARLOS GONZALEZ

03/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P.S  
**Name:** GONZALEZ, CARLOS DR  
**Address:** 7333 CORAL WAY #108  
**City-St-Zip:** MIAMI, FL 33155

**Title:** VP.T  
**Name:** GONZALEZ, CARLOS DR  
**Address:** 7333 CORAL WAY #108  
**City-St-Zip:** MIAMI, FL 33155

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:** CARLOS GONZALEZ

P.S

03/14/2012

Electronic Signature of Signing Officer or Director

Date