

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128780

FILED
Apr 23, 2008
Secretary of State

Entity Name: ADVANCED CARE SPECIALISTS, INC.

Current Principal Place of Business:

12693 WESTHAMPTON CIRCLE
WELLINGTON, FL 33414 US

New Principal Place of Business:

121 CYPRESS TRACE
ROYAL PALM BEACH, FL 33411 US

Current Mailing Address:

12693 WESTHAMPTON CIRCLE
WELLINGTON, FL 33414 US

New Mailing Address:

121 CYPRESS TRACE
ROYAL PALM BEACH, FL 33411 US

FEI Number: 26-1504500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAINE, ANDREW I
12693 WESTHAMPTON CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

CAINE, ANDREW I
121 CYPRESS TRACE
ROYAL PALM BEACH, FL 33411 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:

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P. () Delete
Name: CAINE, ANDREW I
Address: 12693 WESTHAMPTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change () Addition
Name: CAINE, ANDREW I
Address: 121 CYPRESS TRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411 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: ANDREW I CAINE

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date