

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135310

FILED
Jul 31, 2008
Secretary of State

Entity Name: ADVANCED HEALTH SPECIALISTS, INC.

Current Principal Place of Business:

4241 NORTH JOHN YOUNG PARKWAY
1000
ORLANDO, FL 32804

New Principal Place of Business:

2215 CLUSTER OAK DRIVE,
SUITE 1
CLERMONT, FL 34711

Current Mailing Address:

4241 NORTH JOHN YOUNG PARKWAY
1000
ORLANDO, FL 32804

New Mailing Address:

2215 CLUSTER OAK DRIVE,
SUITE 1
CLERMONT, FL 34711

FEI Number: 26-1747268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, THOMAS M
4241 NORTH JOHN YOUNG PARKWAY
1000
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

JOHNSON, THOMAS M
2215 CLUSTER OAK DRIVE
SUITE 1
ORLANDO, FL 34711 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: THOMAS M. JOHNSON

07/31/2008

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:

Title: D () Delete
Name: JOHNSON, THOMAS M
Address: 4241 NORTH JOHN YOUNG PARKWAY , SUITE 1000
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: JOHNSON, LETITIA C
Address: 4241 NORTH JOHN YOUNG PARKWAY , SUITE 1000
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHNSON, THOMAS M
Address: 2215 CLUSTER OAK DRIVE, SUITE 1
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: JOHNSON, LETITIA C
Address: 2215 CLUSTER OAK DRIVE
City-St-Zip: CLERMONT, FL 34711

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: THOMAS M. JOHNSON

PRES

07/31/2008

Electronic Signature of Signing Officer or Director

Date