2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000065628

Entity Name: ADVANCED MEDICAL CARE ASSOCIATES, P.A.

FILED Oct 16, 2009 Secretary of State

Current Prince	cipal Place o	of Business:	New Principal Place of	Business:	
21150 BISCAYNE BLVD. SUITE 106					
AVENTURA, I	FL 33180				
Current Maili	ing Address	:	New Mailing Address:	New Mailing Address:	
21150 BISCA` SUITE 106 AVENTURA, I					
FEI Number: 90-	-0399530	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	PERITY FAR	S NETWORK, INC. MS ROAD #221E , FL 33410 US	MORTON, IVETTE 511 E DEL MONTE AVE CLEWISTON, FL 33440	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:	IVETTE MO	ORTON		10/16/2009	
	Electronic	Signature of Registered Ager	nt	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 A	ND DIRECT	ORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address: 21	() [IORTON, PATRI 1150 BISCAYNI VENTURA, FL :	E BLVD. #106	Title: () Name: Address: City-St-Zip:	Change () Addition	

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: PATRICK MORTON D.O. 10/16/2009