

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066643

FILED
Jan 12, 2011
Secretary of State

Entity Name: ADVANTAGE CARE MEDICAL CENTER INC

Current Principal Place of Business:

2140 WEST FLAGLER ST
SUITE 111-112
MIAMI, FL 33135

New Principal Place of Business:

2140 WEST FLAGLER ST
SUITE 111
MIAMI, FL 33135

Current Mailing Address:

2140 WEST FLAGLER ST
SUITE 111-112
MIAMI, FL 33135

New Mailing Address:

2140 WEST FLAGLER ST
SUITE 111
MIAMI, FL 33135

FEI Number: 26-2968723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, YOEL
5500 WEST 21 COURT
303
HIALEAH, FL 33016 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: P
Name: VALDES, YOEL
Address: 5500 WEST 21 COURT APT 303
City-St-Zip: HIALEAH, FL 33016

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: YOEL VALDES

P

01/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date