

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000066643

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ADVANTAGE CARE MEDICAL CENTER INC

**Current Principal Place of Business:**

7500 SW 8 STREET  
SUITE 103  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7500 SW 8 STREET  
SUITE 103  
MIAMI, FL 33144

**New Mailing Address:**

**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

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date