

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000012335

FILED
Jan 07, 2011
Secretary of State

Entity Name: ADVANCED HEALTH OPTIONS, INC.

Current Principal Place of Business:

5374 KIRKSHIRE LANE
SPRING HILL, FL 34609

New Principal Place of Business:

12553 SPRING HILL DRIVE
SPRING HILL, FL 34609

Current Mailing Address:

P.O. BOX 3685
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 26-4212827 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCNEAL, WILLIE IV
5374 KIRKSHIRE LANE
SPRING HILL, FL 34609 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: PCEO
Name: MCNEAL, WILLIE IV
Address: 5374 KIRKSHIRE LANE
City-St-Zip: SPRING HILL, FL 34609

Title: CFO
Name: MCNEAL, NICOLE G
Address: 5374 KIRKSHIRE LANE
City-St-Zip: SPRING HILL, FL 34609

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: WILLIE MCNEAL IV

PCEO

01/07/2011

Electronic Signature of Signing Officer or Director

Date