

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000053120

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED CELLULAR HEALTH, INC.

**Current Principal Place of Business:**

5037 SAILWINDS CIRCLE  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

5037 SAILWINDS CIRCLE  
ORLANDO, FL 32810 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KGLC  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

KELLEY & ASSOCIATES LLC  
30 SKYLINE DRIVE  
SUITE 200  
LAKE MARY, FL 32746 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: KELLEY & ASSOCIATES LLC

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P S  
Name: MURRAY, COLLEEN L  
Address: 4037 SAIL WIND CIRCLE  
City-St-Zip: ORLANDO, FL 32810 US

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: COLLEEN MURRAY

PS

04/29/2011

Electronic Signature of Signing Officer or Director

Date