

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058668

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** ADVANCE MEDICAL SOLUTIONS INC.

**Current Principal Place of Business:**

2515 NW 7TH ST  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

201 NEW LAKE DR  
BOYNTON BEACH, FL 33426 US

**Current Mailing Address:**

2515 NW 7TH ST  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

201 NEW LAKE DR  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 27-0496301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALDAJUSTE, GULANDE  
2515 NW 7TH ST  
BOYNTON BEACH, FL 33426 US

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

ALDAJUSTE, GULANDE  
201 NEW LAKE DR  
BOYNTON BEACH, FL 33426 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:** GULANDE ALDAJUSTE

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALDAJUSTE, GULANDE  
**Address:** 2515 NW 7TH ST  
**City-St-Zip:** BOYNTON BEACH, FL 33426 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:** GULANDE ALDAJUSTE

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date