

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000065593

FILED
Apr 23, 2010
Secretary of State

Entity Name: ADVANCED BREAST CARE OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

125 S. SR 7, STE 104-363
WELLINGTON, FL 33414

New Principal Place of Business:

12160 SOUTH SHORE BLVD
SUITE 103
WELLINGTON, FL 334146281 US

Current Mailing Address:

125 S. SR 7, STE 104-363
WELLINGTON, FL 33414

New Mailing Address:

125 SOUTH SR7
SUITE 104-363
WELLINGTON, FL 334144395 US

FEI Number: 27-0692436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINNICK, KATHLEEN E
125 S. SR 7, STE 104-363
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

MINNICK, KATHLEEN E
12160 SOUTH SHORE BLVD
SUITE 103
WELLINGTON, FL 334146281 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: KATHLEEN E. MINNICK

04/23/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPT
Name: MINNICK, KATHLEEN E
Address: 12160 SOUTH SHORE BLVD, SUITE 103
City-St-Zip: WELLINGTON, FL 334146281

Title: SD
Name: MINNICK, KATHLEEN E
Address: 125 SOUTH SR 7 SUITE 104-363
City-St-Zip: WELLINGTON, FL 334144395

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: KATHLEEN E. MINNICK

PVPT

04/23/2010

Electronic Signature of Signing Officer or Director

Date