

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000065593

FILED
May 17, 2010
Secretary of State

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

Current Principal Place of Business:

12160 SOUTH SHORE BLVD
SUITE 103
WELLINGTON, FL 334146281 US

New Principal Place of Business:

12160 SOUTH SHORE BLVD
SUITE 103
WELLINGTON, FL 33414 US

Current Mailing Address:

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

New Mailing Address:

125 SOUTH SR7
SUITE 104-363
WELLINGTON, FL 33414 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
12160 SOUTH SHORE BLVD
SUITE 103
WELLINGTON, FL 334146281 US

Name and Address of New Registered Agent:

MINNICK, KATHLEEN E MD
12160 SOUTH SHORE BLVD
SUITE 103
WELLINGTON, FL 33414 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 MD

05/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: MINNICK, KATHLEEN E MD
Address: 12160 SOUTH SHORE BLVD, SUITE 103
City-St-Zip: WELLINGTON, FL 33414 US

Title: VPSD
Name: GROSSO, BRIAN S
Address: 12160 SOUTH SHORE BLVD, SUITE 103
City-St-Zip: WELLINGTON, FL 33414 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: KATHLEEN E MINNICK MD

PTD

05/17/2010

Electronic Signature of Signing Officer or Director

Date