# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000089662

**FILED**
**Sep 25, 2012**
**Secretary of State**

**Entity Name:** ADVOCARE SOLUTIONS, INC.

**Current Principal Place of Business:**

200 SE 6TH STREET
SUITE 306
FT. LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

200 SE 6TH STREET
SUITE 205
FT. LAUDERDALE, FL 33301 US

**Current Mailing Address:**

3594 S. OCEAN BLVD
UNIT 607
HIGHLAND BEACH, FL 33487

**New Mailing Address:**

**FEI Number: 80-0502761** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCHLAM, MYLES B
200 SE 6TH STREET
SUITE 306
FT. LAUDERDALE, FL 33301 US

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

SCHLAM, MYLES B
200 SE 6TH STREET
SUITE 205
FT. LAUDERDALE, FL 33301 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: ________________________________ 09/25/2012

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: CEO
Name: SCHLAM, MYLES B J.D.
Address: 3594 S. OCEAN BLVD, UNIT 607
City-St-Zip: HIGHLAND BEACH, FL 33487 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: MYLES B. SCHLAM CEO 09/25/2012

Electronic Signature of Signing Officer or Director — Date