


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2004 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P94000012510</b><br>1. Entity Name<br><b>ADVANCED MEDICAL CARE, CORP.</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>1001 E. ALTAMONTE DR<br/>ALTAMONTE SPRINGS, FL 32701</b> | Mailing Address<br><b>1031 WOODCRAFT DR.<br/>APOPKA, FL 32712</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-3223153</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**PARADISE, HERMAN  
1031 WOODCRAFT DR.  
APOPKA, FL 32712**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | P<br>PARADISE, HERMAN<br>1031 WOODCRAFT DR<br>APOPKA, FL 32712    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | V<br>PARADISE, NORA<br>152 S CAMDEN DR<br>BEVERLY HILLS, CA 90212 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | T<br>PARADISE, WILLIAM<br>1031 WOODCRAFT DR<br>APOPKA, FL 32712   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | S<br>PARADISE, JUDITH<br>1031 WOODCRAFT DR<br>APOPKA, FL 32712    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

000000029915  
02/04/04-80087-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: William Paradise Date: 2/29/04 Daytime Phone #: (407) 767-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Paradise*