

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P94000012510

1. Entity Name

ADVANCED MEDICAL CARE, CORP.



Principal Place of Business

**1001 E. ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701**

Mailing Address

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



03142007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3223153

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PARADISE, HERMAN
STREET ADDRESS 1031 WOODCRAFT DR
CITY-ST-ZIP APOPKA, FL 32712

TITLE V
NAME PARADISE, NORA
STREET ADDRESS 152 S CAMDEN DR
CITY-ST-ZIP BEVERLY HILLS, CA 90212

TITLE T
NAME PARADISE, WILLIAM
STREET ADDRESS 1031 WOODCRAFT DR
CITY-ST-ZIP APOPKA, FL 32712

TITLE S
NAME PARADISE, JUDITH
STREET ADDRESS 1031 WOODCRAFT DR
CITY-ST-ZIP APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/28/07 00012-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-07
407-767-8666