


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000012510 1. Entity Name ADVANCED MEDICAL CARE, CORP.	
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Principal Place of Business 1001 E. ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701	Mailing Address 1031 WOODCRAFT DR. APOPKA, FL 32712
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PARADISE, HERMAN 1031 WOODCRAFT DR. APOPKA, FL 32712	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARADISE, HERMAN 1031 WOODCRAFT DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARADISE, NORA 152 S CAMDEN DR BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARADISE, WILLIAM 1031 WOODCRAFT DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARADISE, JUDITH 1031 WOODCRAFT DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-19-07 <small>Date</small>	407-767-8666 <small>Daytime Phone #</small>
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FILED

2007 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3223153	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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05/11/07--01008--024 **158.75

**DO NOT WRITE
IN THIS SPACE**

05/02/07

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04/28/07-80012-802 150.00