2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P94000012510

Entity Name: ADVANCED MEDICAL CARE, CORP.

Current Principal Place of Business:

1001 E. ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

1031 WOODCRAFT DR.
APOPKA, FL 32712

Current Mailing Address:

1031 WOODCRAFT DR.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3223153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARADISE, HERMAN
Address: 1031 WOODCRAFT DR
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete
Name: PARADISE, NORA
Address: 152 S CAMDEN DR
City-St-Zip: BEVERLY HILLS, CA 90212

Title: T ( ) Delete
Name: PARADISE, WILLIAM
Address: 1031 WOODCRAFT DR
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete
Name: PARADISE, JUDITH
Address: 1031 WOODCRAFT DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HERMAN PARADISE PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date