


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000069815</b> 1. Entity Name <b>ADVANCED WELLCARE GROUP, INC.</b>	
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Principal Place of Business <b>707 17TH ST. VERO BEACH, FL 32960</b>	Mailing Address <b>P O BOX 650489 VERO BEACH, FL 32965-0489 US</b>
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0522569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**THACKER, J R  
2145 14TH AVE  
STE 24  
VERO BEACH, FL 32960**

**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: \_\_\_\_\_

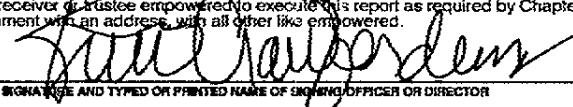
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>11100000050654 02/16/04-80015-015 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAWFORD, KIMBERLY 707 17 STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRAWFORD, KIMBERLY 707 17TH STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2/6/04** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR