

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080235

FILED
Feb 09, 2006
Secretary of State

Entity Name: AA ADVANCED CARE, INC.

Current Principal Place of Business:

13501 SW 128TH STREET
SUITE 207
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13501 SW 128TH STREET
SUITE 207
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0530690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, FELIX
13501 SOUTHWEST 128ND AVENUE
SUITE 207
MIAMI, FL 33186 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: PVST () Delete
Name: GONZALEZ, FELIX
Address: 13501 SOUTHWEST 128ND AVENUE #207
City-St-Zip: MIAMI, FL 33186 US

Title: D () Delete
Name: GONZALEZ, FELIX
Address: 13501 SOUTHWEST 128ND AVENUE #207
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: FELIX GONZALEZ

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02/09/2006

Electronic Signature of Signing Officer or Director

_____ Date