

P94000080235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

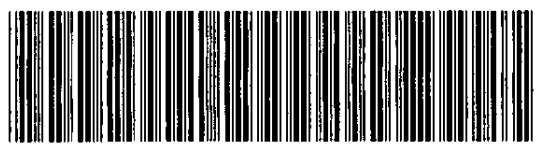
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000146411120

RA Change

03/30/09--01027--007 **35.00

FILED
2009 APR 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#00789, 00614, 00709, 00671

*ADP
4/24/09*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2009

Felix Gonzalez
AA Advanced Care, Inc.
7479 SW 8 St.
Miami, FL 33144

SUBJECT: AA ADVANCED CARE, INC.
Ref. Number: P94000080235

We have received your document for AA ADVANCED CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an *individual or another business entity with an active registration or filing with this office*, having a Florida street address identical with that of the registered office.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 309A00011101

COVER LETTER

RECEIVED
2009 APR 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: AA ADVANCED CARE, INC
(Name of Corporation) +

DOCUMENT NUMBER: P94000080235

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FELIX GONZALEZ
(Name of Contact Person)

AA ADVANCED CARE, INC
(Firm/Company)

7479 SW 8 ST
(Address)

MIAMI, FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

FELIX GONZALEZ at (305) 455-0352
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AA ADVANCED CARE, INC.

2. The principal office address: 7479 SW 8 ST

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/01/94 Document number: P94000080235

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FELIX GONZALEZ

8700 WEST FLAGLER ST, SUITE # 270 (OLD ADDRESS)

MIAMI, FL 33174

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

FELIX GONZALEZ

7479 SW 8 ST (NEW ADDRESS)

(P.O. Box NOT acceptable)

MIAMI, FL 33174

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

FELIX GONZALEZ PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

04/15/2009
(Date)

If signing on behalf of an entity:

FELIX GONZALEZ
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314