

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000018947

FILED
Jan 06, 2005
Secretary of State

Entity Name: ADVANTAGE FAMILY MEDICAL CARE, INC.

Current Principal Place of Business:

2739 U.S. HWY. 19
SUITE 225
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2739 U.S. HWY. 19
SUITE 225
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 65-0583263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FETTCHIK, KATHY L
2106 PELICAN COURT
TARPON SPRINGS, FL 34689 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: FETCHIK, KATHY L
Address: 2739 US HIGHWAY 19
City-St-Zip: HOLIDAY, FL

Title: VP () Delete
Name: FETCHIK, ANDREW
Address: 2379 US HWY 19
City-St-Zip: HOLIDAY, FL

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 Section 119.07(3)(i), 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: KATHY L. FETCHIK

PRES

01/06/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date