

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000018947

FILED
Jul 17, 2008
Secretary of State

Entity Name: ADVANTAGE FAMILY MEDICAL CARE, INC.

Current Principal Place of Business:

5622 MARINE PARKWAY
SUITE 19
NEW PORT RICHEY, FL 34691

New Principal Place of Business:

Current Mailing Address:

ADVANTAGE FAMILY MEDICAL CARE, INC.
PO BOX 1547
TARPON SPRINGS, FL 34689

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: 5622 MARINE PARKWAY SUITE 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP () Delete
Name: FETCHIK, ANDREW
Address: 5622 MARINE PARKWAY SUITE 19
City-St-Zip: NEW PORT RICHEY, FL 34652

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 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: KATHY L. FETCHIK

P

07/17/2008

Electronic Signature of Signing Officer or Director

Date