

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000018947

FILED  
Feb 25, 2010  
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:**

5006 STATE ROAD 54  
NEW PORT RICHEY, FL 34691

**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:**

FETCHIK, KATHY L  
2106 PELICAN COURT  
TARPON SPRINGS, FL 34689      US

**Name and Address of New Registered Agent:**

FETCHIK, KATHY L  
2106 PELICAN COURT  
TARPON SPRINGS, FL 34689      US

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: KATHY L. FETCHIK

02/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FETCHIK, KATHY L  
Address: 5622 MARINE PARKWAY SUITE 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

I hereby 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 all other like empowered.

SIGNATURE: KATHY L. FETCHIK

PRES

02/25/2010

Electronic Signature of Signing Officer or Director

Date