2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P95000018947

Entity Name: ADVANTAGE FAMILY MEDICAL CARE, INC.

Current Principal Place of Business:

5006 STATE ROAD 54
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:

FETCHIK, 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

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 02/18/2011

Electronic Signature of Signing Officer or Director Date