

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029616

FILED
Apr 30, 2009
Secretary of State

Entity Name: AVANTE CARE ANCILLARY SERVICES, INC.

Current Principal Place of Business:

4000 HOLLYWOOD BLVD
SUITE 540 NORTH
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

4000 HOLLYWOOD BLVD
SUITE 540 NORTH
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0519725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: D,T () Delete
Name: LICHTMAN, HARVEY L
Address: 4000 HOLLYWOOD BLVD., # 540 N
City-St-Zip: HOLLYWOOD, FL 33021

Title: D,P () Delete
Name: DICKMANN, DEAN J
Address: 4000 HOLLYWOOD BLVD., # 540 N
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: S () Delete
Name: IOANNOU, BILL J
Address: 4000 HOLLYWOOD BLVD., # 540 N
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP () Delete
Name: PATTERSON, MICHAEL
Address: 4000 HOLLYWOOD BLVD., # 540 N
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MURPHY, KEVIN M
Address: 4000 HOLLYWOOD BLVD., # 540 N
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP () Change (X) Addition
Name: KRUISLAND, ARNOLD
Address: 4000 HOLLYWOOD BLVD., # 540 N
City-St-Zip: HOLLYWOOD, FL 33021 US

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: BILL J. IOANNOU

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date