

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079757

FILED  
Aug 30, 2005  
Secretary of State

Entity Name: ADVANCED THERAPEUTICS AMERICA, P.A.

## Current Principal Place of Business:

432 SOUTH 2ND ST.  
UNIT 3  
JACKSONVILLE BEACH, FL 32250 US

## New Principal Place of Business:

4237 SALISBURY ROAD  
SUITE 215  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

432 SOUTH 2ND ST.  
UNIT 3  
JACKSONVILLE BEACH, FL 32250 US

## New Mailing Address:

4237 SALISBURY ROAD  
SUITE 215  
JACKSONVILLE, FL 32216 US

FEI Number: 59-3341785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOLAN, DAVID W  
432 S. 2ND ST. UNIT 3  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

DOLAN, DAVID W  
4237 SALISBURY ROAD  
SUITE 215  
JACKSONVILLE, FL 32216 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: DAVID W. DOLAN

08/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DOLAN, DAVID W  
Address: 432 S. 2ND ST. UNIT 3  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DOLAN, DAVID W  
Address: 4237 SALISBURY ROAD, SUITE 215  
City-St-Zip: JACKSONVILLE, FL 32216 US

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: DAVID W. DOLAN,

DIRE

08/30/2005

Electronic Signature of Signing Officer or Director

Date