05-10-1999 90050 025 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000099946

1. Corporation Name

ADVANCED HEALTHCARE ALTERNATIVES, INC.

Principal Place	e of Business	Mailing Addı	Mailing Address			1 I TATISTU IN INITIALITY MAILS AND IN ANTIN		A1616 A111 1881	
4545 GRAND BLVD 4545 GF			BLVD						
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652				2		DO NOT WIRITE IN TURS	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	- SPACE		ı
						11/21/1997			ŀ
2 Principal P	ace of Business	2a. Mailing A	Addrose			4. FEI Number	An	plied For	l
	ace of Business	26	iddress			59-3479932	_ 	ot Applicable	i
Suite, Apt.	#. etc.	Suite, Ap	t. #. etc.				\$8.75		i
22	.,	— · ·	27			5. Certificate of Status Desired	_Fee Re	quired	
City & Stat	- 		City & State			6. Election Campaign Financing \$5.00 May Be			i
23		28				Trust Fund Contribution	Added t	to Fees	l
Zip	Country	Zip		Country	/	8. This corporation owes the current year in			İ
24	25	29	3	10		Personal Property Tax.	☐ Yes	□No	i
	9. Name and Address of Cur	rrent Registered Age	ent		T	10. Name and Address of New Registered	Agent		İ
MED	CANDINO, SHARON A			81	Name				i
	GRAND BLVD			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			i
•	PORT RICHEY FL 34652			-					i
14544	TOM MONET PE 34002			83	[ŀ	Ĺ
				84	City	FL	85 Zip (Code	ĺ
		0500 10074500 1	TI - (1 - Otal - 1 - 1	45 5		orporation submits this statement for the purpose of		registered	l
office or n agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such c	hange was aut	nonzed by	the corpora	ation's board of directors. I hereby accept the appo	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: F	Registered Age	nt signature req	uired when reinstating) DATE			≂
12.		AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AF			(11/0g
TITLE	PVTS DELETE			1.1 TITLE			[] Change	☐ Addition	Ξ
NAME	MERCANDINO, SHARON A		1.2 NAME				į	E034	
STREET ADDRESS	2525 ALMOND DR			1.3 STREE	T ADDRESS			ļ	ļ į
CITY-ST-ZIP	HOLIDAY FL 34691			14 CITY-5	T-ZIP				β
TITLE	☐ DELETE 2			2.1 TITLE			[] Change	☐ Addition	١
NAME				2.2 NAME					l
STREET ADDRESS				2.3 STREE	TADDRESS				l
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			2.4 CITY-	ST-ZIP			- Addition	1
TITLE		[DELETE	3.1 TITLE			— [-] Change	Addition.	1
NAME				3.2 NAME					1
STREET ADDRESS					TADDRESS				i
CITY-ST-ZIP			DELETE.	3.4. CITY-	ST-ZIP		Change	Addition	1
TITLE		į.	DELETE	4.1 TITLE			change	[] Addition	1
NAME				4. 2 NAME	1				
STREET ADDRESS				1	T ADDRESS				İ
CITY-ST-ZIP			DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP		Change	Addition	l
TITLE		ι	DEFETE	5.1 THE 5.2 NAME					
NAME					T ADDRESS				
STREET ADDRESS				5.4 CITY- 5					l
CITY-ST-ZIP	1			0.101111					4

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition