

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016669

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** ADVANCED RESEARCH CONSULTANTS, INC.

**Current Principal Place of Business:**

3355 BURNS RD.,STE.201  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

4520 DONALD ROSS ROAD  
SUITE 200  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

3355 BURNS RD.,STE.201  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

4520 DONALD ROSS ROAD  
SUITE 200  
PALM BEACH GARDENS, FL 33418

FEI Number: 65-0896087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TUCHMAN, MICHAEL M M.D.  
3355 BURNS RD.,STE.201  
PALM BEACH GARDENS, FL 33410 US

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

TUCHMAN, MICHAEL M M.D.  
4520 DONALD ROSS ROAD  
SUITE 200  
PALM BEACH GARDENS, FL 33418 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: \_\_\_\_\_

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TUCHMAN, MICHAEL M MD  
Address: 3355 BURNS RD STE 201  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TUCHMAN, MICHAEL M MD  
Address: 4520 DONALD ROSS ROAD, SUITE 200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: MICHAEL M TUCHMAN MD

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date