## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000039113

Address:

City-St-Zip:

6290 NW 105 WAY

POMPANO BEACH, FL 33076

Entity Name: ADVANCED CARE SOLUTIONS, INC.

FILED Mar 24, 2009 Secretary of State

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Current Principal Place of Business:				New Princ	New Principal Place of Business:			
SUITE 102		Т						
SUNRISE,	FL 33331							
Current Mailing Address:				New Maili	New Mailing Address:			
10501 N.W SUITE 102 SUNRISE,		Т						
FEI Number	: 65-0917602	FEI Number Applie	ed For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of	Current Registered	d Agent:	Name and	Address	of New Registered Agent:		
10501 N.W SUITE 102	P, SCOTT K \ V. 50 STREE PL 33351 L	Т						
	named entity e of Florida.	submits this stater	nent for the purp	oose of changing i	ts registere	ed office or registered agent, or both,		
SIGNATUI	RE:							
	Electro	onic Signature of Re	gistered Agent			Date		
Election Car	npaign Financi	ng Trust Fund Contribu	ution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HETTINGER, 1735 VESTAL			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name:	VT ( STURRUP, SO	)Delete COTT		Title: Name:	VP STURRUP,	(X) Change ( ) Addition		

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POMPANO BEACH, FL 33076

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: SCOTT STURRUP VP 03/24/2009