

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000012508

Entity Name: ADVANCED MEDICAL HEALTH CENTER, INC

Current Principal Place of Business:

1112 CARISSA DR
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 15614
TALLAHASSEE, FL 32317 US

FEI Number: 30-0562007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASE, GILBERT R
1112 CARISSA DR
TALLAHASSEE, FL 32308 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name CASE, GILBERT R
Address 1112 CARISSA DR
City-State-Zip: TALLAHASSEE FL 32308

Title RN
Name PUNYANIYANA, NAPAWAN
Address 1112 CARISSA DR
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name ERNST, HAROLD D
Address 1112 CARISSA DR
City-State-Zip: TALLAHASSEE FL 32308

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GILBERT R CASE

CEO

07/19/2020

Electronic Signature of Signing Officer/Director Detail

Date