

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006930

**FILED  
Jul 03, 2017  
Secretary of State  
CC3779487048**

**Entity Name:** ADVANCED MEDICAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

3122 MAHAN DR #705  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 15614  
TALLAHASSEE, FL 32317 US

**FEI Number: 30-0562077**

**Certificate of Status Desired: No**

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

CASE, GILBERT  
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  
Address        1112 CARISSA DR.  
City-State-Zip: TALLAHASSEE FL 32308

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

Title            D  
Name            ERNST, HAROLD  
Address        2303 EISENHOWER ST  
City-State-Zip: TALLAHASSEE FL 32310

*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 CASE**

**CEO**

**07/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date