

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90263 021 \*\*\*150.00

**DOCUMENT # P97000030290**

1. Entity Name  
**ADVANCED HEALTHCARE SOLUTIONS OF AMERICA, INC.**

Principal Place of Business <b>1015 E. SEMORAN BLVD.          SUITE 201          CASSELBERRY FL 32707</b>	Mailing Address <b>1015 E. SEMORAN BLVD.          SUITE 201          CASSELBERRY FL 32707</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Advanced Healthcare Solutions          Suite 201          1014 Winding Waters Circle          Winter Springs, FL 32708</b>	3. Mailing Address <b>Advanced Healthcare Solutions          Suite 201          1014 Winding Waters Circle          Winter Springs, FL 32708</b>
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City & State	City & State	4. FEI Number <b>57-0982543</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SKURA, MAUREEN H  
 1015 E. SEMORAN BLVD.  
 SUITE 201  
 CASSELBERRY FL 32707**

**Advanced Healthcare Solutions  
 1014 Winding Waters Circle  
 Winter Springs, FL 32708**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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8. 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 *Jan Slava* DATE **4/13/2001**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PST SKURA, MAUREEN H</b>	<b>1015 E. SEMORAN BLVD., SUITE 201</b>	<b>CASSELBERRY FL 32707</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>V COATS, GREGORY R</b>	<b>1015 E. SEMORAN BLVD., SUITE 201</b>	<b>CASSELBERRY FL 32707</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**PST Maureen H. SKURA**  
**Advanced Healthcare Solutions**  
**1014 Winding Waters Circle**  
**Winter Springs, FL 32708**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jan Slava* **Maureen Skura** **President** DATE: **2/23/2001** DAYTIME PHONE #: **407 327-4354**  
(Signature and typed or printed name of signing officer or director)

CR2E034 (10/00)