

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000485

1. Entity Name

ADVANCED MEDICAL NETWORK, LTD.

FILED

00 JAN 18 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2405 SOUTHEAST 17TH STREET, SUITE 301
OCALA FL 33471

Mailing Address

2405 SOUTHEAST 17TH STREET, SUITE 301
OCALA FL 34471-9191



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3539585

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THURSTON, GARY A

2405 SOUTHEAST 17TH STREET, SUITE 301
OCALA FL 33471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$11,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000077214
NAME ADVANCED MEDICAL NETWORK HOLDINGS, INC.
STREET ADDRESS 2405 SOUTHEAST 17TH STREET, SUITE 301
CITY - ST - ZIP Ocala FL 33471

STREET ADDRESS 3000003113833- - 9
CITY - ST - ZIP -01/28/00--01007--006
***174.50 ***174.50

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/2000 (352) 867-1244
Date Daytime Phone #