## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 05, 2001 8:00 am Secretary of State DOCUMENT # F0000005553 ADVANCED HEALTHCARE CORPORATION OF DELAWARE 04-05-2001 90044 031 \*\*\*150.00 Mailing Address Principal Place of Business 7061 CYPRESS ROAD, #104 7061 CYPRESS ROAD. #104 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1005718 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required. ಜನರ್ವಿ ಉಲ್ಲಾಫ್ ಎಸ್ಟ್ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GURRIER BARRON, ROBERT W O. Boy Number is Not Acreptable) 350 EAST LAS OLAS BOULEVARD, SUITE 1000 FORT LAUDERDALE FL 33301 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PCEO** TITLE Defete TITLE vicki Burrier Road Suite 104 SPIRA, LAWRENCE R M.D. NAME NAME 7061 CYPRESS ROAD, #104 STREET ADDRESS STREET ADDRESS Plantation PL 33317 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change AS 🔼 Delete TITLE TITLE BARRON, ROBERT W NAME NAME 350 EAST LAS OLAS BOULEVARD, SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

4/02/01

Daytime Phone #

## Advance Healthcare Corporation Of Delaware

ion Alfachment 9400(e) #F00000005553

April 2, 2001

Division of Corporations Registration Section \_\_\_\_

P.O. Box 6327 Tallahassee, FL 32314

Re: Document #: F0000000553

Advance Healthcare Corporation of Delaware

Dear Sir or Madam:

Please see the following change on the referenced UBR for the Registered agent

Vicki Burrier 7061 Cypress Road, Suite 104 Plantation, Florida 33317 Tel. No. (954) 474-7701

Also, please delete Robert W. Barron as secretary and add Vicki Burrier (above) as indicated on the UBR.

If you have any questions, please contact me at the number listed above.

Sincerely,

Assistant Controller