

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90116 044 ***158.75

DOCUMENT # F01000003193

1. Entity Name
ADVANCED MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

**735 SAINT ALBANS DRIVE
 BOCA RATON FL 33486**

Mailing Address

**735 SAINT ALBANS DRIVE
 BOCA RATON FL 33486**

2. Principal Place of Business

**440 E. SAMPLE ROAD
 STE. 206**

3. Mailing Address

**2805 E. OAKLAND PK. BLVD
 PMB 363**

City & State

POMPANO BEACH, FL

City & State

FT. LAUDERDALE, FL

Zip

33064

Country

USA

Zip

33306

Country

USA

4. FEI Number

98-0206212

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRUMLIK, DONALD J
 735 SAINT ALBANS DRIVE
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

**HAMON FRANCIS FYTTON
 440 E. SAMPLE ROAD, STE. 206
 POMPANO BEACH, FL 33064**

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 *Hamon Francis Fytton* **HAMON FRANCIS FYTTON, CEO** **4/26/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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, 2002 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

TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	BRUMLIK, DONALD J	
STREET ADDRESS	735 SAINT ALBANS DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	P/T/S	<input type="checkbox"/> Delete
NAME	HAMON FRANCIS FYTTON	
STREET ADDRESS	440 E. SAMPLE ROAD, STE. 206	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	MARK BOYER	<input type="checkbox"/> Delete
NAME	200 O'CONNOR DRIVE	
STREET ADDRESS	TORONTO, ONTARIO M4J2T1 CANADA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Hamon Francis Fytton* **HAMON FRANCIS FYTTON** **954 782-5802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)