

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90313 014 ***158.75

DOCUMENT # F99000003717

1. Entity Name

ADVANCED MEDICAL PROCEDURES, INC.

Principal Place of Business

Mailing Address

**7 STUDEBAKER
 IRVINE CA 92618**

**7 STUDEBAKER
 IRVINE CA 92618**

2. Principal Place of Business

**1890 Semoran Blvd
 Suite 373**

3. Mailing Address

**1890 Semoran Blvd
 Suite 373**

City & State

WINTER PARK

City & State

WINTER PARK

Zip

FL

Country

SEMIPOLE

Zip

FL

Country

4. FEI Number

33-0864536

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

JERRY ANDERSON

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

1890 Semoran Blvd, #380

City

WINTER PARK

FL

Zip Code

32792

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

Jerry W Anderson

2/28/01

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, 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

TITLE **PD**
 NAME **MIKUS, PAUL W**
 STREET ADDRESS **7 STUDEBAKER**
 CITY-ST-ZIP **IRVINE CA 92618**

☒ Delete

TITLE **ST**
 NAME **HUGHES, WILLIAM R**
 STREET ADDRESS **7 STUDEBAKER**
 CITY-ST-ZIP **IRVINE CA 92618**

☒ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **JERRY ANDERSON**
 STREET ADDRESS **1890 SEMORAN BLVD #373**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jerry W Anderson

2/28/01

Date

800 330 9997

Daytime Phone #

CR2E034 (10/00)

0571465