

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G64391

FILED
Jan 25, 2002 8:00 AM
Secretary of State

Entity Name: ADVANTAGE MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

103 COMMERCE ST
#180
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

103 COMMERCE ST
#180
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-2346773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, THOMAS V.
3538 JERICO DRIVE
CASSELBERRY, FL US

Name and Address of New Registered Agent:

MILLER, THOMAS V.
103 COMMERCE ST
#190
LAKE MARY, FL 32746 US

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:

01/25/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MILLER, THOMAS V,
Address: 3538 JERICO DR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MILLER, THOMAS V,
Address: 103 COMMERCE ST #190
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS V MILLER

DP

01/25/2002

Electronic Signature of Signing Officer or Director

Date