

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20747

1. Entity Name  
ADVANCED MEDICAL CENTER, INC.

Principal Place of Business  
2171 PINE RIDGE RD  
NAPLES FL 33942

Mailing Address  
2171 PINE RIDGE RD  
NAPLES FL 33942

2. Principal Place of Business  
2171 Pine Ridge Road  
Suite, Apt. #, etc.

3. Mailing Address  
2171 Pine Ridge Road  
Suite, Apt. #, etc.

City & State  
Naples, FL  
Zip  
34109  
Country  
USA

City & State  
Naples, FL  
Zip  
34109  
Country  
USA

4. FEI Number 65-0043540  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LEACH, GREGORY E., MD  
2171 PINE RIDGE RD  
NAPLES FL 33942 34109  
OK TO PAY  
AGCT 5270

7. Name and Address of New Registered Agent  
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 showing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE \_\_\_\_\_ (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. ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEACH, GREGORY E. MD			NAME			
STREET ADDRESS	431 RIDGE CT			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE: \_\_\_\_\_ 1-5-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90018 007 \*\*\*150.00

00006398



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)