

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**


08-25-2005 90106 035 \*\*\*\*55.00

20067166

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L04000008392**

1. Entity Name **Advanced Integrated Medical of the Palm Beaches**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**675 W. Indiantown RD.**  
 Suite, Apt. #, etc. **203**

3. Mailing Address  
**675 W. INDIANTOWN RD**  
 Suite, Apt. #, etc. **203**

City & State  
**Jupiter, FLORIDA**

City & State  
**JUPITER, FLORIDA**

Zip **33548** Country **USA** Zip **33458** Country **USA**

4. FEI Number **20-0673185** Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

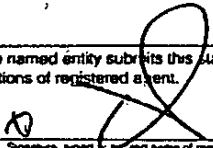
7. Name and Address of Current Registered Agent

Name **CHARLES W. WRIGHT**

Street Address (P.O. Box Number is Not Acceptable)  
**675 W. INDIANTOWN RD**  
**Suite 203**

City **JUPITER** FL Zip Code **33548**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

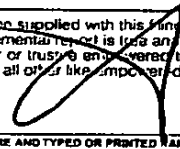
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$81.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING PARTNER &amp; PRESIDENT CHARLES W. WRIGHT 675 W. INDIANTOWN RD JUPITER, FLORIDA 33455</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President DANIEL WALSH 675 W. INDIANTOWN RD JUPITER, FL 33458</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like information.

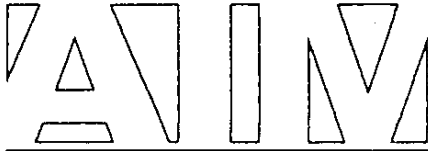
SIGNATURE  **7/29/05 561-746-7333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)

ATTACHMENT

2006/7/6/6



MEDICAL  
SPA

OF THE PALM BEACHES

August 19,2005

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Subject: ADVANCED INTERGRATED MEDICAL OF THE PALM BEACHES,

Reference Number: L04000008392

I have enclosed a check in the amount of \$55.00 .

Included is a copy of the For Profit Corporation Uniform Business Report.

Thank you,  
Rose Walsh