


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 City & State Jupiter, FLORIDA Zip 33548 Country USA	3. Mailing Address 675 W. INDIANTOWN RD Suite, Apt. #, etc. 203 City & State JUPITER, FLORIDA Zip 33458 Country USA
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4. FEI Number 20-0673185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 	(NOTE: Registered Agent signature required when re-registering)	DATE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER & PRESIDENT CHARLES W. WRIGHT 675 W. INDIANTOWN RD JUPITER, FLORIDA 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President DANIEL WALSH 675 W. INDIANTOWN RD JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 empowered 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 	Date 7/29/05	Daytime Phone 561-746-7333
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)



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