

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90180 016 \*\*\*158.75

**DOCUMENT # L67151**

1. Entity Name

**ADVANCED HEALTH CARE OF P.B.C. INC.**

Principal Place of Business

**2790 NO. MILITARY TRAIL  
 SUITE 7  
 WEST PALM BEACH FL 33409  
 US**

Mailing Address

**% RICHARD P. GUMSON, P.A.  
 6390 INDIAN TOWN RD #30  
 JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0195319**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUMSON, RICHARD P.  
 CHASEWOOD PLAZA - SUITE 30  
 6390 INDIANTOWN ROAD  
 JUPITER FL 33458**

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 changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☐ Delete  
 NAME **MADISON-MAHONEY, C VIVIAN**  
 STREET ADDRESS **2790 NO. MILITARY TRAIL #7**  
 CITY-ST-ZIP **WEST PALM BCH FL 33409**

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

TITLE **P** ☐ Delete  
 NAME **WORRELL, LORI**  
 STREET ADDRESS **132 NO. 13TH PLACE**  
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE **SPILLING** ☒ Change ☐ Addition  
 NAME **WORRELL, LORI**  
 STREET ADDRESS **132 N 13th place**  
 CITY-ST-ZIP **Lantana Fla 33462**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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:

*Vivian C. Madison Mahoney*  
 VIVIAN C. MADISON - MAHONEY

1/19/01

Date (561) 478 0017

CR2E034 (10/00)