7/31/01 7

FILED
Sep 06, 2001 8:00 am
Secretary of State
07-31-2001 90240 010 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008180

1. Entity Name

FLORIDA ASSOCIATION FOR MEDICAL ADVANCEMENTS, IN

Principal Place of Business	Mailing Address
341 NORTH MAITLAND AVENUE SUITE 200 MAITLAND FL 32751	341 NORTH MAITLAND AVENUE SUITE 200 MAITLAND FL 32751

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3666429 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REMITERA, JOSEPH P
341 NORTH MAITLAND AVENUE
SUITE 200
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name SANDRA Outerbridge
Street Address (P.O. Box Number is Not Acceptable) 341 North MAITLAND AVENUE
Suite 200
City MAITLAND, FL 32751 FL Zip Code 32751

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 Sandra L. Outerbridge 24 July 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOEN, M.D., JOYA L 341 N. MAITLAND AVE. #200 MAITLAND, FL 32751 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, NORMAN S. MD, 4063 SALISBURY Rd. #206 JACKSONville, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CINDY MERCER~~ MERCER, CINDY 1904 AVANTI COURT DAYTONA Beach, FL 32124 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (5/01)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Joya L. Schoen 24 July 2001 (407) 644-2729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #