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7/31/01

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

341 NORTH MATLAND AVENUE
SUITE 200
MATLAND FL 32751

Mailing Address

341 NORTH MATLAND AVENUE
SUITE 200
MATLAND FL 32751

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

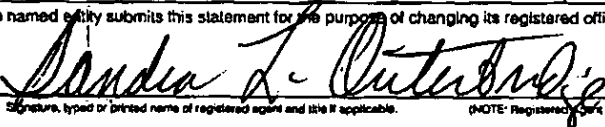
 REMITERA, JOSEPH P
 341 NORTH MATLAND AVENUE
 SUITE 200
 MATLAND FL 32751

7. Name and Address of New Registered Agent

 Name SANDRA Outerbridge
 Street Address (P.O. Box Number is Not Acceptable)
 341 NORTH MATLAND AVENUE
 Suite 200
 City MATLAND, 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



 24 July 2001
 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 D
 NAME SCHOEN, M.D., JOYA L
 STREET ADDRESS 341 N. MATLAND AVE. #200
 CITY-ST-ZIP MATLAND, FL 32751

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE D
 NAME SCHOEN, NORMAN S. MD.
 STREET ADDRESS 4063 SALISBURY RD. #206
 CITY-ST-ZIP JACKSONVILLE, FL 32216

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE D
 NAME CINDY MERCER MERCER, CINDY
 STREET ADDRESS 1904 AVANTI COURT
 CITY-ST-ZIP DAYTONA BEACH, FL 32124

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
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 CITY-ST-ZIP

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYA L. SCHOEN 24 July 2001

Date

Daytime Phone

CP2E037 (5/01)