

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000000050****1. Entity Name**
ADVANCEMENT OF DISEASE PREVENTION, INC.**Principal Place of Business**
444 BRICKELL AVE STE 300
MIAMI FL 33131**Mailing Address**
444 BRICKELL AVE STE 300
MIAMI FL 33131**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
65-0920666**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****MERKIN STEWART A**
444 BRICKELL AVE STE 300
MIAMI FL 33131**7. Name and Address of New Registered Agent****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** **07/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GONZALEZ ELLY			NAME			
STREET ADDRESS	444 BRICKELL AVE #200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33121			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEHREL THOMAS MD			NAME			
STREET ADDRESS	400-41ST STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141			CITY-ST-ZIP			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MERKIN STEWART A			NAME			
STREET ADDRESS	444 BRICKELL AVE #300			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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:** **stewart a. merkin** **p** **07/10/2001**

CR2E037 (11/00)