

Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000025957

1. Entity Name

AVANTE HEALTHCARE SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11555 HERON BAY BLVD. P.O. BOX 970175

Suite, Apt. #, etc.

200

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

COCONUT CREEK, FL

4. FEI Number

05-0994625

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33097-0175

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ISABEL LEHRMAN

Street Address (P.O. Box Number is Not Acceptable)

11555 HERON BAY BLVD.

SUITE 200

City

CORAL SPRINGS

FL

Zip Code

33076

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

Lehrman

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PRESIDENT
NAME ISABEL LEHRMAN
STREET ADDRESS 11555 HERON BAY BLVD.
CITY - ST - ZIP CORAL SPRINGS, FL. 33076

TITLE VICE PRESIDENT
NAME MERID LEHRMAN
STREET ADDRESS 11555 HERON BAY BLVD.
CITY - ST - ZIP SUITE 200
CORAL SPRINGS, FL. 33076

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800005678018

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*****70.00 *****70.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lehrman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 954-603-0436

Date

Daytime Phone

CR2E034B (12/04)

AVANTE HEALTHCARE SERVICES, INC.

Specializing in Medical Management Services

P.O. Box 970175
Coconut Creek, Florida
33097-0175

Tel. 954-603-0436

Fax. 954-603-0437

Email:

casemanagers@aol.com

May 29th, 2002

Ms. Annette Ramsey
Division of Corporations – Amendment Section
Secretary of State
409 E. Gaines Street
Tallahassee, FL 32399

Re: UBR Amendment / Correction for Document # 00000025957

Dear Annette:

Thank you for taking the time to speak with me the other day. It was a pleasure to speak with you.

Enclosed, please find the changes made on the Uniform Business Report. In addition, there was an error on the letter we received from the Florida Department of State, office of Katherine Harris, Secretary of State, dated May 16th, 2002. The certificate is still under the name of "Cypress Case & Risk Management, Inc." when it should read "Avanti Healthcare Services, Inc."

If you would be so kind to send me a corrected copy, along with a confirmation of the amendment, I would appreciate it very much.

If you have any questions, you can reach me at my office at 954-603-0436 between the hours of 8:30 am – 5:00 pm.

Thank you for your assistance in this matter.

Sincerely,



Isabel Lehrman
President & CEO

IL/mts