## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000025957

Name:

Address:

City-St-Zip:

LEHRMAN, MERID

11555 HERON BAY BLVD, STE 200

CORAL SPRINGS, FL 33076

Entity Name: AVANTE HEALTHCARE SERVICES, INC.

FILED Apr 22, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11555 HERON BAY BLVD SUITE 200 CORAL SPRINGS, FL 33076 US **Current Mailing Address: New Mailing Address:** PO BOX 970175 COCONUT CREEK, FL 330970175 US FEI Number: 65-0994625 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEHRMAN, ISABEL 11555 HERON BAY BLVD SUITE 200 CORAL SPRINGS, FL 33076 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEHRMAN, ISABEL Name: Name: 11555 HERON BAY BLVD Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: ( ) Delete Title: Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL LEHRMAN PRES 04/22/2003