Principal Place of Business         Mailing Address         01-09-2001 90031 016 ***150.00           1554 BOREN DRIVE STE 200         1554 BOREN DRIVE STE 200	DOCUMENT # P0000075908  1. Entity Name ADVANCEDPHYSICIANS MANAGEMENT, INC.					FILED Jan 09, 2001 8:00 am Secretary of State	
Suite, Apt. #, etc.    City & State	1554 BOREN DRIVE STE 200		1554 BOREN DRIVE STE 200			01-09-2001 90031 (	016 ***150.00
Coy & State   City & State   City & State   A. FEI Northby   S. Contricted of State Desired   Not Applicable   Not Applicable   Not Applicable   S. S. Contricted of State Desired   S. S. Contricted   S. S.	2. Principal Place of E	Jusiness	3. Mailing Address				
Sp. 3. AGAS 228   Sp. 4. Applicables	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Sireet 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, you or partial name of registered agent and the flags and purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, you or partial name of registered agent and the flags and purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, you or partial name of registered agent and the flags and purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, you or partial name of registered agent and the flags and purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, you or partial name of registered agent and the state of Florida.  Signature, you or partial name of registered agent and the flags and purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, you or partial name of registered agent and the state of Florida.  Signature, you or partial name of registered agent and the state of Florida.  Signature, you or partial name of registered agent and the state of Florida.  Signature, you or partial name of registered agent and the state of Florida.  Signature, you or partial name of registered agent and the state of Florida.  Signature, you or partial name of Florida.  Signature, you or partial name of Registered Agent agent name of Florida.  Signature, you or partial name of Registered Agent name of Florida.  Signature, you or partial name of Registered Agent name of Florida.  Signature, you or partial name of Registered Agent name of Florida.  Signature, you or partial name of Registered Agent name of Florida.  Signature, you o					<b>4.</b> F	59-3665228	Not Applicable
TALBERT, TONY 1554 BOREN DRIVE STE 200 OCCUE FL 34761-2986  Cry FL Zip Code  Cry FL Zip Cod	۷ip , — <del></del>	Country	Zip	Country	<b>5.</b> Ç		
Sireer Address (P.O. Box Number is Not Acceptable)  Sireer Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SiGNATURE  Signuse, typed or preservance of registers agent and the Papackasts (NOTE Registered Agent agent, or both, in the State of Florida.  Signuse, typed or preservance of registers agent and the Papackasts (NOTE Registered Agent agent of the receiver of the Company of the receiver of the Company of the receiver of the Company of the Registered Agent agent ag	6. N	ame and Address of Current R	egistered Agent	7	7. N	ame and Address of New Registered Ag	ent
SIGNATURE  Signature, noted or printed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, noted or printed name of registered agent and tale it sportcable.  PIOTE. Registered Agent signature required signature	1554 BOREI	N DRIVE STE 200	Street Address		ss (P.O. Bo		Zip Code
9. This corporation is eligible to satisfy its intangible After MAY 1, 2001 Fee will be \$55.0.0	8. The above named	entity submits this statement for t	he purpose of changing its	registered office or reg	istered age	ent, or both, in the State of Florida.	
Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State   See (See criteria on back)   Department of State   See   See (See criteria on back)   Department of State   Department of	, SIGNATURE	yped or printed name of registered agent an	d title if applicable. (NOTI	E: Registered Agent signature re	quired when rei	nstating) DATE	
TITLE . NAME NAME TALBERT, TONY STREET ADDRESS CITY-ST-ZIP COCOEE FL 34761-2986  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE	Tax filing requirement and elects to do so.  After MAY 1, 2001			01 Fee will be \$550.		` · · ·	
NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP	I B	OFFICERS AND D			ADI		
NAME STREET ADDRESS CITY-ST-ZP    Delete	NAME TALBE STREET ADDRESS 1554 I	BOREN DRIVE STE 200	∟l Delete	NAME STREET ADDRESS			Change Addition S
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET AD	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO belete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO belete TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered  SIGNATURE:  SIGNATURE:  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  CHAPO ( 407) C54-6625	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  NAME STREET ADDRESS CITY-ST-ZIP  Tony Talbert  1-4-01  (407) 654-6625		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		[	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  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 Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  Analysis Address  1-4-01 (407) 654-6625	STREET ADDRESS			STREET ADDRESS			
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 Block 12 if Changed, or on an attachment with an address, with all other like empowered TONY TALBERT  SIGNATURE:	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change Addition
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