

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90178 037 ***158.75

DOCUMENT # P00000075908

1. Entity Name
ADVANCEDPHYSICIANS MANAGEMENT, INC.

Principal Place of Business

~~1554 BOREN DRIVE STE 200~~
~~OCOE FL 34761-2986~~

Mailing Address

~~1554 BOREN DRIVE STE 200~~
~~OCOE FL 34761-2986~~

2. Principal Place of Business

2711 REW CIRCLE

3. Mailing Address

2711 REW CIRCLE

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE D

City & State

OCOE FL

City & State

OCOE FL

Zip

34761

Country

USA

Zip

34761

Country

USA

4. FEI Number

59-3665228

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TALBERT, TONY

~~1554 BOREN DRIVE STE 200~~
OCOE FL 34761-2986

7. Name and Address of New Registered Agent

Name

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

2711 REW CIRCLE
SUITE D

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

Tony Talbert **TONY TALBERT, PRESIDENT**

4-26-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **D** ☐ Delete
 NAME **TALBERT, TONY**
 STREET ADDRESS ~~1554 BOREN DRIVE STE 200~~
 CITY-ST-ZIP **OCOE FL 34761-2986**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2711 REW CIRCLE, SUITE D**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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:

Tony Talbert **TONY TALBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

(407) 654-6625

Daytime Phone #

X103

CR2E034 (9/01)