

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90045 028 ***150.00

DOCUMENT # P00000082684

1. Entity Name
ADVANCED MEDICAL CARE PARTNERS, INC.

Principal Place of Business 1200 BRICKELL AVENUE SUITE 1680 MIAMI FL 33131	Mailing Address 1200 BRICKELL AVENUE SUITE 1680 MIAMI FL 33131
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9320 SW. 137 Ave

3. Mailing Address

Suite, Apt. #, etc.
#813

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number
65-1036429

Applied For
 Not Applicable

Zip
33184

Country
DADE

Zip
33184

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ALBERTO A
1200 BRICKELL AVENUE
SUITE 1680
MIAMI FL 33131

Name
SAME

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 **SAME**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D GONZALEZ, GLEN A 320 S.W. 68TH BLVD. PEMBROKE PINES FL 33023	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D MARTINEZ, JOSE M 9320 S.W. 37TH AVENUE, APT. 813 MIAMI FL 33186	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature]** DATE: **4/24/2002** DAYTIME PHONE #: **(305) 252-4851**

CR2E034 (9/01)