

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90085 024 \*\*\*150.00

**DOCUMENT # P00000087216**

1. Entity Name

**AAA INTERNATIONAL MEDICAL CENTER, INC.**

Principal Place of Business

Mailing Address

102 LEA AVE  
 LONGWOOD FL 32750

102 LEA AVE  
 LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Filing Date **TIN-59-3670550** Applied For  
 Not Applicable

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

**BLAKE, JAN G**  
**102 LEA AVE**  
**LONGWOOD FL 32750**

Name **DOLKA V. GONZALEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7205 Curry Ford rd suite B-3**  
 City **Orlando** FL Zip Code **32822**

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

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, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROBERT, FREDERIC R</b>
STREET ADDRESS	<b>102 LEA AVE</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**04-26-01 (407) 207-4030**

Date

Daytime Phone #

CR2E034 (10/00)