

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90013 033 \*\*\*550.00

**DOCUMENT # P00000116660**

1. Entity Name

**ADVANCED MEDICAL GROUP, INC.**

Principal Place of Business

5949 E COLONIAL DRIVE  
 ORLANDO FL 32807

Mailing Address

5949 E COLONIAL DRIVE  
 ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

PO Box 574271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL 32857

Zip

Country

Zip

Country

32857

USA

4. FEI Number

59-3687178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KANE, HARLEY ESQ  
 4800 N FEDERAL HWY SUITE 101E  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

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 VD  
 NAME IBANEZ, IVAN A  
 STREET ADDRESS 14400 OKONIS CT  
 CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE PD  
 NAME RODRIGUEZ, IHAN  
 STREET ADDRESS 4413 WITHROWOOD CT  
 CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE STD  
 NAME DAVIS, SAMUEL JAY III  
 STREET ADDRESS 2850 SW 4TH STREET  
 CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE President  
 NAME Samuel Jay Davis III  
 STREET ADDRESS 5949 E. Colonial Dr.  
 CITY-ST-ZIP Orlando FL 32807 ☒ Change ☐ Addition

TITLE Vice President  
 NAME Susan E.M. Davis  
 STREET ADDRESS 5949 E. Colonial Dr.  
 CITY-ST-ZIP Orlando FL 32807 ☐ Change ☒ Addition

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

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

*Samuel Jay Davis III*

- President SAMUEL JAY DAVIS III

6-12-01

407  
 382-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)