

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90169 005 ***150.00

DOCUMENT # P01000006690

1. Entity Name
ADVANCED MEDICAL CORPORATION

Principal Place of Business

255 EAGLE KNOB POINT
LAKE MARY FL 32746

Mailing Address

255 EAGLE KNOB POINT
LAKE MARY FL 32746

2. Principal Place of Business

10266 Willow Bridge Ct

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Highlands Ranch CO

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3436315

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

7. Name and Address of New Registered Agent

~~Barbara A. Egolf, Attorney at Law~~
~~Street Address (P.O. Box Number is Not Acceptable)~~
~~Baker & Hostetler LLP~~
~~San Trust Center, Suite 2300~~
~~200 S. Orange Ave Orlando FL 32801-3432~~

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, 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

TITLE	D <input type="checkbox"/> Delete
NAME	OWENS, JEFFREY
STREET ADDRESS	255 EAGLE KNOB POINT
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> Delete
NAME	OWENS, VICKI
STREET ADDRESS	255 EAGLE KNOB POINT
CITY-ST-ZIP	LAKE MARY FL 32746
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	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10266 WILLOW BRIDGE CT
CITY-ST-ZIP	HIGHLANDS RANCH CO 80126
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10266 WILLOW BRIDGE CT
CITY-ST-ZIP	HIGHLANDS RANCH CO 80126
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (302)346-4944
 Date Daytime Phone #

CR2E034 (9/01)