

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90011 035 ***150.00

DOCUMENT # P01000063679

1. Entity Name

ADVANCED MEDICAL PRODUCTS OF SOUTHWEST
FLORIDA, INC.



Principal Place of Business

8955 WAKE FERN DRIVE
BONITA SPRINGS FL 34135

Mailing Address

8955 WAKE FERN DRIVE
BONITA SPRINGS FL 34135

2. Principal Place of Business

8955 WAKE FERN DR.

3. Mailing Address

8955 WAKE FERN DR.

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SUITE 8

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

Zip

34135

Country

USA

6. Name and Address of Current Registered Agent

SOUTHWEST PROF. SERVS. OF SOUTH FL., INC.
13571 MCGREGOR BLVD., #22
FORT MYERS FL 33919

4. FEI Number

59-3726971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTSD ☐ Delete
NAME JAY, JUANNE M
STREET ADDRESS 15171 CEDARWOOD LANE STE 3304
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD ☒ Change ☐ Addition
NAME JAY, SUANNE M.
STREET ADDRESS 15171 CEDARWOOD LANE, SUITE 3304
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PLEASE
NOTE
3RD REQUEST
FOR CORRECT
SPELLING OF NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Juanne M. Jay SUANNE M. JAY 2/4/04 (239) 48-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #