

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90222 023 ***150.00

DOCUMENT # P01000076236

1. Entity Name
ADVANCED TISSUE MANAGEMENT, INC.



Principal Place of Business

**4626 SUNSET DR.
 DESTIN FL 32541**

Mailing Address

**4626 SUNSET DR.
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3741473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LAMB, KEVIN
 4626 SUNSET DR.
 DESTIN FL 32541**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **P LAMB, KEVIN**
 STREET ADDRESS **4626 SUNSET DR.**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

8502

Date

501 217-9200

Daytime Phone #

CR2E034 (4/02)

Attachment
#PO1000076236
BO134077

Advanced Tissue Management, Inc..

4626 Sunset Pointe
Destin, FL 32541

Divisions of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

August 1, 2002

Dear Sir/Madam,

Please find enclosed Advanced Tissue's UBC filing fee. Please note that this fee is for the on-time amount. I called and informed someone in your office that I had not received a notice prior to this late notice. She instructed me to send a letter explaining the reason for the payment being less than the late fee amount.

Please accept this amount as payment in full for the current year and allow the corporation to remain in good standing. Thanks for your help with this matter. The fee will be remitted on time next year,

Sincerely,



Kevin Lamb
President

cc file

enclosure