

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91880 004 \*\*\*150.00

**DOCUMENT # P02000027692**

**1. Entity Name**  
**ADVANCE MEDICAL INSTITUTE, INC.**



**Principal Place of Business**

~~9010 S.W. 137TH AVENUE~~  
~~SUITE 113~~  
~~MIAMI FL 33186~~

**Mailing Address**

9010 S.W. 137TH AVENUE  
SUITE 113  
MIAMI FL 33186

**2. Principal Place of Business**

351 N.W. Lejune Rd.

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

408

**City & State**

Miami, Fl., 33126

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

45-0469579

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

HERRAN, SANDRA

~~9010 S.W. 137TH AVENUE~~

~~SUITE 113~~

~~MIAMI FL 33186~~

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

351 N.W. Lejune Rd. # 408

**City**

Miami

**FL**

**Zip Code**

33126

**7. Name and Address of New Registered Agent**

**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.**

SANDRA HERRAN

4/28/03

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 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**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	HERRAN, SANDRA	
<b>STREET ADDRESS</b>	<del>9010 S.W. 137TH AVENUE</del>	
<b>CITY-ST-ZIP</b>	<del>MIAMI FL 33186</del>	
<b>TITLE</b>	VD	<input type="checkbox"/> Delete
<b>NAME</b>	BAHAMON, MARIA C	
<b>STREET ADDRESS</b>	10105 SW 141 CT	
<b>CITY-ST-ZIP</b>	MIAMI FL 33186	
<b>TITLE</b>	SD	<input type="checkbox"/> Delete
<b>NAME</b>	CASTRO, MARLENE	
<b>STREET ADDRESS</b>	9950 SW 136TH CT	
<b>CITY-ST-ZIP</b>	MIAMI FL 33186	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:**

*(Signature)*

Ma. Constanza Bahamon

4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)