

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084967

1. Entity Name

ADVANCE MEDICAL PRACTICES, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90010 025 ***158.75

Principal Place of Business

2170 W. STATE ROAD 434
SUITE 190
LONGWOOD FL 32779

Mailing Address

2170 W. STATE ROAD 434
SUITE 190
LONGWOOD FL 32779-4976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3220815

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, ROBERT J
2170 W. S. R. 434
SUITE 190
LONGWOOD FL 32779

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

Robert J. Rogers

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, 2000 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	PVP	<input type="checkbox"/> Delete
NAME	ROGERS, ROBERT J	
STREET ADDRESS	111 WAX MYRLE LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VEGOSEN, FRAN	
STREET ADDRESS	1110 DORIS ST	
CITY-ST-ZIP	ALTAMOTNE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGERS, SUE A	
STREET ADDRESS	111 WAX MYRTLE LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COOK, DANA R	
STREET ADDRESS	111 WAX MYRTLE LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAN VEGOSEN	
STREET ADDRESS	1110 DORIS	
CITY-ST-ZIP	ALTAMOTNE SPRINGS, FL 32714	
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:

Robert J. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

407-682-5222

Daytime Phone #