

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90120 037 \*\*\*550.00

**DOCUMENT # P93000084967**

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

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**

010101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2170 W. S. R. 434**

Suite, Apt. #, etc.

**SUITE 190**

City & State  
**Longwood, FL**

Zip  
**32779**

Country

**Seminole**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3220815**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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, 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PVP**  
**ROGERS, ROBERT J**  
**111 WAX MYRLE LANE**  
**LONGWOOD FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T**  
**VEGOSEN, FRAN**  
**1110 DORIS ST**  
**ALTAMOTNE SPRINGS FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP**  
**ROGERS, SUE A**  
**111 WAX MYRTLE LANE**  
**LONGWOOD FL 32779** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**VEGOSEN, FRAN**  
**1110 DORIS**  
**ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**241 Pine Cone Lane**  
**Longwood, FL 32779** Address

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ROBERT J. ROGERS** ☐ Change ☒ Addition  
**241 Pine Cone Lane**  
**Longwood, FL 32779**

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

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

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

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JULY 17, 2002**

Date

Daytime Phone #

CR2E034 (4/02)