2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-17-2003 90183 027 ***150.00
P93000084967

FILED
04 JUN 22 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084967

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

REINSTATEMENT 0304
CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
2170 W. STATE ROAD 434 SUITE 190 LONGWOOD FL 32779	2170 W. STATE ROAD 434 SUITE 190 LONGWOOD FL 32779

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 59-3220815 ☐ 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 X Robert J Rogers Jr 6/18/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP ROGERS, ROBERT J 241 PINE CONE LANE LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500031359725 03/29/04--01109--005 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VEGOSEN, FRAN 1110 DORIS ST ALTAMOTNE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500031359725 06/24/04--01092--006 **600.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROGERS, ROBERT J 241 PINE CONE LANE LONGWOOD FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Rogers, Sue Ann 241 Pine Cone Lane Longwood, Fl 32779 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VEGOSEN, FRAN 1110 DORIS ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 an officer like empowered.

SIGNATURE: X Robert J Rogers Jr 6/18/04 407-682-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #