

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000084967**

1. Entity Name  
**ADVANCED 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**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000199255  
01/27/05-80085-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PVP  
ROGERS, ROBERT J  
241 PINE CONE LANE  
LONGWOOD, FL 32779**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
ROGERS, SUE A  
241 PINE CONE LANE  
LONGWOOD, FL 32779**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

Date

407 682 5222

Daytime Phone #