

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90089 047 ***158.75

DOCUMENT # P94000012510

1. Corporation Name

ADVANCED MEDICAL CARE, CORP.

Principal Place of Business

1031 WOODCRAFT DR.
APOPKA FL 32712

Mailing Address

1031 WOODCRAFT DR.
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1994

4. FEI Number

59-3223153

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☒ No

2. Principal Place of Business

21 1001 E. ALTAMONTE DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

ALTAMONTE SPRINGS, FL.

28 City & State

29 City & State

24 Zip

32701

Country

25 U.S.A.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PARADISE, HERMAN
1031 WOODCRAFT DR.
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PARADISE, HERMAN
STREET ADDRESS 1031 WOODCRAFT DR
CITY-ST-ZIP APOPKA FL

TITLE V ☐ DELETE

NAME PARADISE, NORA
STREET ADDRESS 152 S CAMDEN DR
CITY-ST-ZIP BEVERLY HILLS GA

TITLE T ☐ DELETE

NAME PARADISE, WILLIAM
STREET ADDRESS 1031 WOODCRAFT DR
CITY-ST-ZIP APOPKA FL

TITLE S ☐ DELETE

NAME PARADISE, JUDITH
STREET ADDRESS 1031 WOODCRAFT DR
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

32712

21 TITLE ☒ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

CALIFORNIA 90212

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

32712

41 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

32712

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-1999 407-767-8666

CR2E034 (11/98)

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