

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**  
 04-13-2000 90107 003 \*\*\*150.00

**DOCUMENT # P95000079757**

1. Entity Name

**ADVANCED THERAPEUTICS AMERICA, P.A.**

Principal Place of Business

Mailing Address

**GOLFSIDE DR  
 FL 32256**

**3960 COASTAL HWY  
 UNIT C  
 ST AUGUSTINE FL 32095-1527  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3341785**

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

~~**DOLAN, DAVID W  
 4237 SALISBURY RD #106  
 JACKSONVILLE FL 32216**~~

Name **SAME - DOLAN, DAVID W.**

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

**9088 GOLFSIDE DRIVE**

City **JACKSONVILLE**

FL Zip Code **32256**

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

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DOLAN, DAVID W**  
 CITY-ST-ZIP **4237 SALISBURY RD #106  
 JAX FL 32216**

TITLE ☐ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **DOLAN, DAVID W**  
 CITY-ST-ZIP **9088 GOLFSIDE DRIVE  
 JAX, FLA 32256**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-2000**

Date

**904-826-3921**

Daytime Phone #

CR2E034 (9/99)