

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079757

1. Entity Name

ADVANCED THERAPEUTICS AMERICA, P.A.

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90351 038 \*\*\*150.00

Principal Place of Business

9088 GOLFSIDE DR  
JACKSONVILLE FL 32256  
US

Mailing Address

3960 COASTAL HWY  
UNIT C  
ST AUGUSTINE FL 32095  
US

2. Principal Place of Business

330 AIA North

Suite, Apt. #, etc.  
SUITE 322

City & State  
Ponte Vedra Beach Florida

Zip Country  
32082 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3341785

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLAN, DAVID W  
9088 GOLFSIDE DRIVE  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: DOLAN, DAVID W.

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

330 AIA NORTH, SUITE 322

City Ponte Vedra Beach

FL

Zip Code 32082

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, 2001 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

TITLE D  
NAME DOLAN, DAVID W  
STREET ADDRESS 9088 GOLFSIDE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DOLAN

2-20-2001

Date

904-273-1500

Daytime Phone #

CR2E034 (10/00)