

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90854 008 \*\*\*150.00

**DOCUMENT # P95000079757**

1. Entity Name

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

Principal Place of Business

**330 A1A NORTH  
 SUITE 322  
 PONTE VEDRA BEACH FL 32082  
 US**

Mailing Address

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

2. Principal Place of Business

**432 SOUTH 2ND ST  
 SUITE, Apt. #, etc.  
 UNIT 3**

**JACKSONVILLE BEACH - FL.**

**Zip 32250 Country USA**

3. Mailing Address

**432 SOUTH 2ND ST  
 SUITE, Apt. #, etc.  
 UNIT 3**

**JACKSONVILLE BEACH, FL**

**Zip 32250 Country USA**



DO NOT WRITE IN THIS SPACE

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  
 330 A1A NORTH, SUITE 322  
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name **DAVID W DOLAN**

Street Address (P.O. Box Number is Not Acceptable)  
**432 SOUTH 2ND ST, UNIT 3**

City **JACKSONVILLE BEACH** FL Zip Code **32250**

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]*

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**4-22-2002**

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, 2002 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 ☐ Delete  
 NAME **DOLAN, DAVID W**  
 STREET ADDRESS **9088 GOLFSIDE DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **DOLAN, DAVID W**  
 STREET ADDRESS **432 SOUTH 2ND ST - UNIT 3**  
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

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

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-2002**

Date

**(904) 403-4291**

Daytime Phone #

CR2E034 (9/01)