

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092401

1. Entity Name

A & D MEDICAL CONSULTING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90053 034 ***150.00

Principal Place of Business

Mailing Address

9850 STIRLING ROAD
SUITE 100
COOPER CITY FL 33024
US

9850 STIRLING ROAD
SUITE 100
COOPER CITY FL 33024-8068
US

2. Principal Place of Business

5400 S. UNIVERSITY DR.

3. Mailing Address

5400 S. UNIVERSITY DR.

Suite, Apt. #, etc.

501-K

Suite, Apt. #, etc.

501-K

City & State

DAVIE

City & State

DAVIE

Zip

33328

Country

USA

Zip

33328

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0712604

Applied For

Not Applicable

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

POZO, ARMANDO
9850 STIRLING RD #100
COOPER CITY FL 33024

Name

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

5400 S. UNIVERSITY DR

SUITE 501-K

City

DAVIE

FL

Zip Code
33328

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.

ARMANDO POZO, PRESIDENT

4/24/2000

(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 DP ☐ Delete
NAME POZO, ARMANDO
STREET ADDRESS 5987 SW 114 AVE.
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☒ Change ☐ Addition
NAME 5400 S. UNIVERSITY DAVIE # 501-K
STREET ADDRESS DAVIE, FL 33328
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME RODRIGUEZ, DEISY
STREET ADDRESS 5987 SW 114 AVE.
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☒ Change ☐ Addition
NAME 5400 S. UNIVERSITY DR # 501-K
STREET ADDRESS DAVIE, FL 33328
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO POZO 4/24/2000 954-680-1770

Date

Daytime Phone #

CR2E034 (9/99)