

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096003

1. Entity Name

ADVANCED MEDICAL HAIR CENTERS OF WEST FLORIDA, INC.

Principal Place of Business Mailing Address
540 N.E. 8th Street 540 N.E. 8th Street
Ft. Lauderdale, FL 33304 Ft. Lauderdale, FL 33304

2. Principal Place of Business 3. Mailing Address
3501 Health Center Blvd. 3501 Health Center Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
#2200 #2200
City & State City & State
Bonita Springs, FL Bonita Springs, FL
Zip Country Zip Country
34135 US 34135 US

4. FEI Number Applied For
65-0721214 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Fred Harris
540 N.E. 8th Street
Ft. Lauderdale, FL 33304

Name
Robert V. Mandraccia
Street Address (P.O. Box Number is Not Acceptable)
3501 Health Center Blvd., #2200
City Bonita Springs FL Zip Code 34135

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 *Robert V. Mandraccia* 8/22/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P Robert V. Mandraccia, MD 4200 Steamboat Bend #402 Fort Myers, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred Harris 205 Dunwoody Lane Hollywood, FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3501 Health Center Blvd., #2200 Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert V. Mandraccia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/01
Date

941-948-4009
Daytime Phone #

FILED

01 SEP 25 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

CR2E034 (11/00)

7000 0520 0012 7124 8892

Advanced Medical Hair Centers of West Florida, Inc.
3501 Health Center Blvd., #2200
Bonita Springs, Florida 34135

ATTACHMENT

208

August 21, 2001

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: 2001 Uniform Business Report

P960000096003

Dear Sir or Madam:

During 2001 I became the managing shareholder of this corporation, upon the retirement of Dr. Fred Harris. The 2001 Uniform Business Report form was mailed to the address of Dr. Harris in Fort Lauderdale, and I only recently became aware it had not been filed.

A completed UBR is enclosed with this letter, together with a check in the amount of \$150. Please consider waiving the additional charge for late filing due to the problem caused by the change of address.

Thank you in advance for your consideration.

Sincerely,

Robert V. Mandraccia
ROBERT V. MANDRACCIA, PRESIDENT
Advanced Medical Hair Centers of
West Florida, Inc.