2001 UNIFORM BUSINESS REPORT (UBR)

an address, with all other

SIGNATURE AND TYPED OR PRINCES NAME OF SIGNISE OFFICER OR DI

SIGNATURE:

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # **P97000022964** 1. Entity Name ALTERNATIVE MEDICAL TECHNOLOGIES, INC. 03-06-2001 90318 008 ***150.00 Principal Place of Business Mailing Address 16531 BLATT BOULEVARD, SUITE 106 379 LAKEVIEW DR. FORT LAUDERDALE FL 33326 STE 201 FORT LAUDERDALE FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 65-0735514 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of Current Registered Agent _7. Name and Address of New Registered Agent ... -Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD RESIDENT, TREASURER Change ☐ Addition TITLE ☐ Delete TITLE BANNERY, NAME DANNERY, ROGER A NAME STREET ADDRESS STREET ADDRESS 379 LAKEVIEW DR., 201 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33326 CS-PRESIDSNT, 35CRST. XChange ☐ Delete TITLE NAME FERNANDEZ, JOSE R NAME STREET ADDRESS STREET ADDRESS 16531 BLATT BOULEVARD, SUITE-106 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33326-**Delete** TITLE Change Addition DANNERY, MARIA M NAME NAME STREET ADDRESS STREET ADDRESS 16531 BLATT BOULEVARD, SUITE 106 CITY-ST-ZIP FORT LAUDERDALE FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 and stee appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of the empowered to exchanged, or on an attachmen with an address, with all other