

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91029 022 \*\*\*150.00

**DOCUMENT #** P97000045479

**1. Entity Name**

MEDICAL ALTERNATIVES OF AMERICA, INC.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

5979 VINELAND ROAD

**3. Mailing Address**

6400 HAWKSMOOR DR

Suite, Apt. #, etc.

SUITE # 209

Suite, Apt. #, etc.

City & State  
ORLANDO, FL 32819

City & State  
ORLANDO, FL 32818

**4. FEI Number**  
59-3448401

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
AMERILAWYER CHARTERED

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

City & State Zip Code  
CORAL GABLES FL 33134

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PVTS	HANLEY, ALLISON	6400 HAWKSMOOR DRIVE	ORLANDO, FL 32818
D	HANLEY, ALLISON	6400 HAWKSMOOR DRIVE	ORLANDO, FL 32818

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLISON HANLEY, M.D.

3/31/03

(407) 352-1030

Date

Daytime Phone #

CR2E034B (12/02)