

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091546

1. Entity Name

ADVANCED MEDICAL DIRECTION, INC.

Principal Place of Business

P.O. BOX 10354  
DAYTONA BEACH FL 32120-0354

Mailing Address

P.O. BOX 10354  
DAYTONA BEACH FL 32120-0354

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3473104

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

RODENBERG, HOWARD  
38 CORMORANT CIRCLE  
DAYTONA BEACH FL 32119

Name

HOWARD RODENBERG

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

109 SAREBIAD COURT

City

DAYTONA BEACH

FL

Zip Code 32119

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.

HOWARD RODENBERG

(NOTE: Registered Agent signature required when reinstating)

1/21/01

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  
PC  
RODENBERG, HOWARD MD  
38 CORMORANT CIRCLE  
DAYTONA BEACH FL 32119 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD RODENBERG MD

1/21/01

Date

(904) 767-6411

Daytime Phone #

C0012631



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)