

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099946

1. Entity Name
ADVANCED HEALTHCARE ALTERNATIVES, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90039 006 ***150.00

Principal Place of Business
4545 GRAND BLVD
NEW PORT RICHEY FL 34652

Mailing Address
4545 GRAND BLVD
NEW PORT RICHEY FL 34652

2. Principal Place of Business
5404 MAIN ST.
Suite, Apt. #, etc.

3. Mailing Address
5404 MAIN ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NEW PORT RICHEY, FL
Zip
34652
Country
USA

City & State
NEW PORT RICHEY, FL
Zip
34652
Country
USA

4. FEI Number 59-3479932
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

MCREYNOLDS, SHARON A
4545 GRAND BLVD
NEW PORT RICHEY FL 34652

Name MCREYNOLDS, SHARON A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Sharon McReynolds, Pres* 4/13/01
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 | Delete |
|-------|------|----------------------|------------------------------------|--------------------------|
| | PVTS | MERCANDINO, SHARON A | 2525 ALMOND DR HOLIDAY FL 34691 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-----------------------|----------------|-----------------------|-------------------------------------|-------------------------------------|
| PT | MCREYNOLDS, SHARON A | 11030 TAFT DR. | PORT RICHEY, FL 34668 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VS | MCREYNOLDS, JEFFREY C | 11030 TAFT DR. | PORT RICHEY, FL 34668 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 727/849-2277
Date Daytime Phone #

CR2E034 (10/00)