

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0337360 AV

DOCUMENT # P98000009629

1. Entity Name

ADVISORY SERVICES FOR HEALTHCARE, INC.



FILED

03 JUN 17 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6301 NW 5 WAY

SUITE 5010

FT LAUDERDALE FL 33309

US

Mailing Address

6301 NW 5 WAY

SUITE 5010

FT LAUDERDALE FL 33309

US

2. Principal Place of Business

6700 N. Andrews Ave

3. Mailing Address

2001 NW 107 Ave

Suite, Apt. #, etc.

Ste 300

Suite, Apt. #, etc.

Ste 200

City & State

Fort Lauderdale FL

City & State

Miami FL

Zip

33309

Country

USA

Zip

Country

USA

☒ CHECK HERE IF MAKING CHANGES

03

4. FEI Number

65-0814767

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.

2101 CORPORATE BOULEVARD

SUITE 107

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLACK, NED
6301 NW 5 WAY STE 5010
FT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACKMAN, M. STEPHEN
6301 NW 5 WY STE 5010
FT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6700 N. Andrews Ave, Ste 300
Fort Lauderdale, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6700 N. Andrews Ave, Ste 300
Fort Lauderdale, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700021277967
07/02/03--01062--038 **558.75

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Jackman

6/14/03

3880

Date

Daytime Phone #

CR2E034 (10/02)