FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2004

DOCUMENT # P03~~~~16281

1. Entity Name Advanced Mobility Medical Dept Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9650 S Ocean Dr
Suite, Apt. # etc. #1904
City & State Jensen Bch Fl
Zip 34957 Country St Lucy

3. Mailing Address 9650 S Ocean Dr
Suite, Apt. # etc. #1904
City & State Jensen Bch Fl
Zip 34957 Country St Lucy

DO NOT WRITE IN THIS SPACE

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4. FEI Number 65-0819120 | Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name Gene Gunn
Street Address (P.O. Box Number is Not Acceptable) 9650 S. Ocean Dr #1904
City Jensen Bch FL Zip Code 34957

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)   1/9/04 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Presi
NAME	Gunn Gene
STREET ADDRESS	9650 S. Ocean Dr Jensen Bch Fl 34957
CITY-ST-ZIP	

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   1/9/04 Date   772-229-9792 Daytime Phone #

CR2E034B (12/02)