

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018168

1. Entity Name

A.D.A. MEDICAL SERVICES, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90116 001 \*\*\*317.50

Principal Place of Business

Mailing Address

6726 17TH WY N  
ST PETERSBURG FL 33702

200 E ROBINSON ST  
SUITE 450  
ORLANDO FL 32801-1989  
US

2. Principal Place of Business

3. Mailing Address

10125 W. COLONIAL DR.

Suite, Apt. #, etc.

212

City & State

OCOE, FL.

Zip

34761

Country

USA

4. FEI Number

59-3496310

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

CAMILLO, JOSEPH  
200 E ROBINSON ST, #450  
ORLANDO FL 32811

Name

Joseph H. Camillo

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

10125 W. COLONIAL DR.

Suite 212

City

OCOE

FL

Zip Code

34761

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

Joseph H. Camillo

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

Joseph H. Camillo

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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, 2000 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

PD  
DISNER, KATHLEEN  
6726 17TH WY N  
ST PETERSBURG FL 33702

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

KATHLEEN DISNER/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/00 407-822-3664

Daytime Phone #

CR2E034 (9/99)