

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90046 006 \*\*\*150.00

DOCUMENT # P98000029374

1. Entity Name  
**ADVANCED HEALTH CARE CONSULTANTS/LAKE CHARLES, I**

Principal Place of Business 3271 S.W. RIVERS END WAY PALM CITY FL 34990	Mailing Address 3271 S.W. RIVERS END WAY PALM CITY FL 34990-7605
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Medical Arts Group</b> Suite, Apt. #, etc. <b>2770 3rd Ave</b> City & State <b>Lake Charles, LA</b> Zip <b>70601</b> Country <b>U.S.</b>	3. Mailing Address <b>2770 3rd Ave</b> Suite, Apt. #, etc. City & State <b>Lake Charles, LA</b> Zip <b>70601</b> Country <b>U.S.</b>
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4. FEI Number <b>58-2381423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**SPRINKLE, PHILIP M II**  
**777 S FLAGLER DRIVE**  
**STE 900**  
**WEST PALM BEACH FL 33401**

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.

SIGNATURE \_\_\_\_\_ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SERRA, JOSE MD</b> <b>3271 S.W. RIVERS END WAY</b> <b>PALM CITY FL 34990</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SCHWENKE, KIM</b> <b>3271 S.W. RIVERS END WAY</b> <b>PALM CITY FL 34990</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MUELLER, LARRY</b> <b>3271 S.W. RIVERS END WAY</b> <b>PALM CITY FL 34990</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MANDRELL, ROBERT</b> <b>3271 S.W. RIVERS END WAY</b> <b>PALM CITY FL 34990</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **Feb 10-2000** DAYTIME PHONE #: **561-220-9600**

CR2E034 (9/99)