

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000679780** ✓  
Entity Name  
**Advanced Med Group, Inc.**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**  
04-24-2000 90012 049 \*\*\*150.00

Principal Place of Business  
Mailing Address

00034105

Principal Place of Business  
**2209 Belchery Ct**  
Suite, Apt. #, etc.  
City & State  
**Clearwater FL 33764**  
Zip  
**33762**

3. Mailing Address  
**P.O. Box 17663**  
Suite, Apt. #, etc.  
City & State  
**Clearwater FL**  
Zip  
**33762**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-353 2398**

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

Name

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

City **FL** Zip Code

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 **Surindar S Bedi**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP <b>Surindar S. Bedi</b> <b>President</b> <b>2209 Belchery Ct</b> <b>Clearwater, FL 33764</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Surindar S Bedi** **3/6/00** **(813) 597 0195**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)