

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

DOCUMENT # P98000079780

1. Entity Name

Advanced Med Group, Inc.

02 DEC -5 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
501 LINCOLN AVE S

3. Mailing Address  
501 LINCOLN AVE S

Suite, Apt. #, etc.  
25

Suite, Apt. #, etc.  
25

DO NOT WRITE IN THIS SPACE

City & State  
CLEARWATER

City & State  
CLEARWATER

4. FEI Number  
593532398

Applied For  
Not Applicable

Zip  
33756

Country  
U.S.A.

Zip  
33756

Country  
U.S.A.

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
SURINDAR BEDI

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

501 LINCOLN AVE S STE 25

City  
CLEARWATER

FL

Zip Code  
33756

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

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

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
SURINDAR BEDI  
501 LINCOLN AVE S STE 25  
CLEARWATER FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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8000009178748

12/05/02--01069--012 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

8000009178748

05/14/02--90022--050 \*\*300.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with an other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/02 727-(443-6007)

Date:

Daytime Phone #

CR2E034B (12/01)

12/05/02

RETURN MAIL DETAIL SCREEN

2:26 PM

CORP. NUMBER: P98000079780 CORP NAME: ADVANCED MED GROUP, INC.

2001

ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0036

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: