

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000002648****1. Entity Name**

ADVANCED MEDICAL LASER SERVICES, INC.

Principal Place of Business

540 NORTHEAST 8TH STREET

FT LAUDERDALE
33304

FL

Mailing Address

540 NORTHEAST 8TH STREET

FT LAUDERDALE
33304

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888690

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134

US

FL

7. Name and Address of New Registered Agent

Name

MIANO PAUL JCEO

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

540 NE 8TH STREET

City

FORT LAUDERDALE

FL

Zip Code
33304**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 **PAUL J. MIANO**

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

(NOTE: Registered Agent signature required when reinstating)

04/24/2000

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 SVD ☐ Delete
NAME HARRIS FRED S
STREET ADDRESS 540 NORTHEAST 8TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33304TITLE PTD ☐ Delete
NAME MIANO PAUL J
STREET ADDRESS 540 NORTHEAST 8TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33304TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE SVD ☒ Change ☐ Addition
NAME CONSTANCE CHRISTOPHER G
STREET ADDRESS 713 EAST MARION, SUITE 301
CITY-ST-ZIP PUNTA GORDA FL 33950TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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: PAUL J. MIANO

RTD 04/24/2000