

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90166 028 ***150.00

DOCUMENT # P99000002648

1. Entity Name

ADVANCED MEDICAL LASER SERVICES, INC.

Principal Place of Business

**540 NORTHEAST 8TH STREET
 FT LAUDERDALE FL 33304**

Mailing Address

**540 NORTHEAST 8TH STREET
 FT LAUDERDALE FL 33304**

2. Principal Place of Business

301 SE 2ND COURT

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 8550

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

City & State

Deerfield Bch, FL

Zip

33441

Country

USA

Zip

33443-8550

Country

USA

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

**MIANO, PAUL J CEO
 540 NE 8TH STREET
 FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

PAUL J. MIANO, CEO

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

301 SE 2ND COURT

City

Deerfield Beach

FL

Zip Code

33441

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)

DATE

5/1/01

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, 2001 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 **PTD** ☐ Delete
 NAME **MIANO, PAUL J**
 STREET ADDRESS **540 NORTHEAST 8TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **SVD** ☐ Delete
 NAME **CONSTANCE, CHRISTOPHER G**
 STREET ADDRESS **713 EAST MARION, SUITE 301**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
 NAME **MIANO, PAUL J**
 STREET ADDRESS **301 SE 2ND COURT**
 CITY-ST-ZIP **Deerfield Beach, FL 33441**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

954 522-8477

Daytime Phone #

CR2E034 (10/00)