

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90010 015 ***150.00

DOCUMENT #

1. Entity Name

ADVANTA HEALTHCARE INFORMATION SYSTEMS INC

Principal Place of Business

615 N HWY 17-92

SUITE 105

DEBARY FL 32713

Mailing Address

SAME

2. Principal Place of Business

350 GOLF BROOK CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

NO 106

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

4. FEI Number

59-3610661

Applied For

Not Applicable

Zip

32779

Country

US

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

B. 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

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME TODD SCHIEFFELIN
STREET ADDRESS 615 N HWY 17-92 SUITE 105
CITY-ST-ZIP DEBARY FL 32713

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

TITLE D ☒ Delete
NAME LUIS A PAGAN
STREET ADDRESS 615 N HWY 17-92 SUITE 105
CITY-ST-ZIP DEBARY FL 32713

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME JEFFERY C DANIEL
STREET ADDRESS 350 GOLF BROOK CIRCLE NO 106
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

4/24/2000

Date

407-463-2908

Daytime Phone #

CR2000 9/00