

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-26-2002 90039 034 ***150.00

DOCUMENT # P99000024066

1. Entity Name

ADVANCED MEDICAL OFFICE CONSULTANTS, INC.

Principal Place of Business

**21452 WEBBWOOD AVENUE
 PORT CHARLOTTE FL 33954**

Mailing Address

**21452 WEBBWOOD AVENUE
 PORT CHARLOTTE FL 33954**

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

65-0903391

Applied For

Not Applicable

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

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 of principal 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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	D	<input type="checkbox"/> Delete
NAME	MASTRELLA, GENIFER M	
STREET ADDRESS	21452 WEBBWOOD AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTRELLA, FRANK M	
STREET ADDRESS	21452 WEBBWOOD AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARIAS, BERNARDO J M.D.	
STREET ADDRESS	501 EAST OLYMPIA AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARIAS, AIXA	
STREET ADDRESS	161 SANTAREM CIRCLE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Signature and typed or printed name of signing officer or director

President

3/16/02

Date

Daytime Phone #

CR2E034 (9/01)