

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S85145**

1. Entity Name

**ADVANCED HEALTH CARE UNLIMITED, INC.****FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90053 016 \*\*\*150.00

0510894

Principal Place of Business

Mailing Address

799 NE 2ND AVE  
DELRAY FL 33444  
USPO BOX 1868  
BOCA RATON FL 33429-1868  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0287037**

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

**BARTLETT, PAULINE P PHD**  
~~17040-2 BOCA CLUB BLVD~~  
**BOCA RATON FL 33487**

Name

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

City

**Boynton Beach,****FL**Zip **33435**

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) ☐**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **BARTLETT, PAULINE PH.D.**  
STREET ADDRESS ~~17040-2 BOCA CLUB BLVD~~  
CITY-ST-ZIP **BOCA RATON FL 33487**TITLE ☐ Change ☐ Addition  
NAME **Bartlett, Pauline Ph.D.**  
STREET ADDRESS **705 Ocean Inlet Dr.**  
CITY-ST-ZIP **Boynton Beach, FL 33435**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

CR2E034 (10/00)