# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** **S85145**

1. Entity Name
**ADVANCED HEALTH CARE UNLIMITED, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 799 NE 2ND AVE | PO BOX 1868 |
| DELRAY FL 33444 | BOCA RATON FL 33429-1868 |
| US | US |

☐ CHECK HERE IF MAKING CHANGES

| 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 **65-0287037**

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 | Name |
| 705 OCEAN INLET DR. | Street Address (P.O. Box Number is Not Acceptable) |
| BOYNTON BEACH FL 33435 | |
| | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**FILE NOW!!! FEE IS $150.00**
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE **P**   NAME **BARTLETT, PAULINE PH.D.**   STREET ADDRESS **705 OCEAN INLET DR.**   CITY-ST-ZIP **BOYNTON BEACH FL 33435** | ☐ Delete | TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE **VP** NAME **Cathy Copeland M.A.** STREET ADDRESS **591 Riveredge Drive** CITY-ST-ZIP **Stuart FL 34994** | ☐ Change ☑ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Pauline Bartlett Ph.D*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 12/2003**

Date

**561-394-3631**

Daytime Phone #