

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 005 ***150.00

DOCUMENT # **V02088** ✓
1. Entity Name
Advanced Medical Management, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4957 S. ORANGE AVE
Suite, Apt. #, etc.

3. Mailing Address
4957 S. ORANGE AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL
Zip
32816
Country

City & State
Orlando, FL
Zip
32806
Country

4. FEI Number
59-310 2625
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **TERRANCE HILLIARD**
Street Address (P.O. Box Number is Not Acceptable)
8418 CANYON BLVD
City **Orlando** **FL** Zip Code **32819**

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 state if applicable). (NOTE: Registered Agent signature required when terminating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT TERRANCE HILLIARD 8418 CANYON BLVD ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date