

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V02088

FILED
Apr 19, 2003
Secretary of State

Entity Name: ADVANCED MEDICAL MANAGEMENT INC.

Current Principal Place of Business:

4957 S ORANGE AVE
ORLANDO, FL 32806 US

New Principal Place of Business:

8418 BANYAN BLVD
ORLANDO, FL 32819 US

Current Mailing Address:

4957 S ORANGE AVE
ORLANDO, FL 32806 US

New Mailing Address:

P.O. BOX 568585
ORLANDO, FL 32856 US

FEI Number: 59-3102625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIARD, TERRANCE
8418 BANYAN BLVD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILLIARD, TERRANCE,
Address: 8418 BANYAN BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRANCE HILLIARD

MR

04/19/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date