

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33311

1. Entity Name

AD TECH HEALTH CARE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90800 020 ***150.00

Principal Place of Business

Mailing Address

1133 LOUISIANA AVE.
114
WINTER PARK FL 32789
US

P. O. BOX 941963
SUITE 165
MAITLAND FL 32806-4973
US

2. Principal Place of Business

2111 E. MICHIGAN ST.

3. Mailing Address

2111 E. MICHIGAN ST.

Suite, Apt. #, etc.

STE 206

Suite, Apt. #, etc.

STE 206

City & State

DELANDO, FL

City & State

DELANDO, FL

Zip
32806-4973

Country

ORANGE U.S.

Zip
32806-4973

Country

U.S.

4. FEI Number

59-3121863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DIANA
1133 LOUISIANA AVE
SUITE 114
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name MURRAY, DIANA

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

2111 E. MICHIGAN ST.

STE 206

City DELANDO

FL

Zip Code

32806-4973

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

Diana Murray

3/9/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	MURRAY, DIANA	
STREET ADDRESS	1133 LOUISIANA AVE, STE 114	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2111 E. MICHIGAN ST. STE 206	
CITY-ST-ZIP	DELANDO, FL 32806-4973	
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		
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		

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 another like empowered.

SIGNATURE:

Diana Murray

3/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05024 (9/99)