

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33311

1. Entity Name

AD TECH HEALTH CARE, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90289 007 \*\*\*150.00

Principal Place of Business

2111 E. MICHIGAN ST.  
SUITE 206  
ORLANDO FL 32806  
US

Mailing Address

2111 E. MICHIGAN ST.  
SUITE 206  
ORLANDO FL 32806  
US

LU049454



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2871 S. DELANEY AVE.

3. Mailing Address

2871 S. DELANEY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number 59-3121863

Applied For

Not Applicable

Zip 32806

Country ORANGE

Zip 32806

Country ORANGE

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

MURRAY, DIANA  
211 E MICHIGAN ST  
SUITE 206  
ORLANDO FL 32806

Name MURRAY, DIANA  
Street Address (P.O. Box Number is Not Acceptable)  
2871 S. DELANEY AVE.

City ORLANDO FL Zip Code 32806

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  
NAME MURRAY, DIANA  
STREET ADDRESS 2111 E MICHIGAN ST STE 206  
CITY-ST-ZIP ORLANDO FL 32806-4973

TITLE P  
NAME MURRAY, DIANA  
STREET ADDRESS 2871 S. DELANEY AVE.  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)