

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003598

FILED
Aug 12, 2004
Secretary of State

Entity Name: ALLIANCE MEDICAL REPROCESSING CORPORATION

Current Principal Place of Business:

10232 S. 51ST ST.
PHOENIX, AZ 85044 US

New Principal Place of Business:

Current Mailing Address:

10232 S. 51ST ST.
PHOENIX, AZ 85044 US

New Mailing Address:

FEI Number: 86-0898793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: FERREIRA, RICK
Address: 10232 S. 51ST ST.
City-St-Zip: PHOENIX, AZ 85044 US

Title: CFO () Delete
Name: EINWECHTER, TIM
Address: 10232 S. 51ST ST.
City-St-Zip: PHOENIX, AZ 85044 US

Title: D () Delete
Name: BOCHNOWSKI, JIM
Address: 3000 SAND HILL ROAD, BLDG. 1, SUITE 135
City-St-Zip: MENLO PARK, CA 94205

Title: D () Delete
Name: OLIVA, ADELE
Address: 445 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: MCNERNEY, PETE
Address: 60 SOUTH 6TH STREET, #3510
City-St-Zip: MINNEAPOLIS, MN 55402

Title: D () Delete
Name: WINTERS, TERRY
Address: 6720 N. SCOTTSDALE ROAD, SUITE 280
City-St-Zip: SCOTTSDALE, AZ 85253

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: MARSHALL, MATT
Address: 3981 MERRIWEATHER WOODS AVE
City-St-Zip: ALPHARETTA, GA 30022

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: TIM EINWECHTER

Electronic Signature of Signing Officer or Director

CFO

08/12/2004

_____ Date