


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90056 042 ***150.00

DOCUMENT # F99000003598

1. Entity Name
ALLIANCE MEDICAL REPROCESSING CORPORATION



Principal Place of Business Mailing Address
10232 S. 51ST ST. **10232 S. 51ST ST.**
PHOENIX, AZ 85044 US **PHOENIX, AZ 85044 US**

50009540



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
86-0898793 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	FERREIRA, RICK	
STREET ADDRESS	10232 S. 51ST ST.	
CITY-ST-ZIP	PHOENIX, AZ 85044	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	EINWECHTER, TIM	
STREET ADDRESS	10232 S. 51ST ST.	
CITY-ST-ZIP	PHOENIX, AZ 85044	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOCHNOWSKI, JIM	
STREET ADDRESS	3000 SAND HILL ROAD, BLDG. 1, SUITE 135	
CITY-ST-ZIP	MENLO PARK, CA 94205	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVA, ADELE	
STREET ADDRESS	445 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNERNEY, PETE	
STREET ADDRESS	60 SOUTH 6TH STREET, #3510	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, MATT	
STREET ADDRESS	3981 MERRIWEATHER WOODS AVE	
CITY-ST-ZIP	ALPHARETTA, GA 30022	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Grotting	
STREET ADDRESS	10232 S 51ST STREET	
CITY-ST-ZIP	Phoenix, AZ 85044	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CFO 1/26/05 480-763-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #