

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003598

FILED
Apr 30, 2008
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROTTING, JOHN B
Address: 10232 S. 51ST ST.
City-St-Zip: PHOENIX, AZ 85044 US

Title: D () Delete
Name: MCGINLEY, JACK
Address: 272 EAST DEERPATH ROAD, STE 350
City-St-Zip: LAKE FOREST, IL 60045

Title: D () Delete
Name: DAMICO, JOSEPH F
Address: 272 EAST DEERPATH ROAD, STE 350
City-St-Zip: LAKE FOREST, IL 60045

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: WARNOCK, TODD
Address: 272 EAST DEERPATH ROAD, STE 350
City-St-Zip: LAKE FOREST, IL 60045

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
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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

CFO

04/30/2008

Electronic Signature of Signing Officer or Director

Date