

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003598

FILED  
Apr 03, 2009  
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  
Name:  
Address:  
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

Electronic Signature of Signing Officer or Director

CFO

04/03/2009

\_\_\_\_\_ Date