

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 30, 2011
Secretary of State**

DOCUMENT# M31863

Entity Name: ALL AMERICAN MEDICAL SERVICES, INC.

Current Principal Place of Business:

4350 N.W. 19TH AVE.
SUITE I
POMPANO BEACH, FL 33064

New Principal Place of Business:

4350 OAKES ROAD
UNIT 507
DAVIE, FL 33314

Current Mailing Address:

3325 BARTLETT BLVD
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-2686756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOFTIS, MIKE
4350 N.W 19TH AVE
SUITE I
PMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

LOFTIS, MIKE
4350 OAKES ROAD
UNIT 507
DAVIE, FL 33314 US

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: _____ 03/30/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STEPHEN P GRIGGS
Address: 3325 BARTLETT BLVD
City-St-Zip: ORLANDO, FL 32811

Title: VP
Name: JOSEPH P RUSSELL
Address: 3325 BARTLETT BLVD
City-St-Zip: ORLANDO, FL 32811

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH P RUSSELL VP 03/30/2011
Electronic Signature of Signing Officer or Director Date