
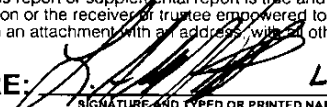


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90030 050 ***150.00

DOCUMENT # P05000121418					
1. Entity Name ADVENT MEDICAL RESEARCH, INC.					
Principal Place of Business 6161 DR. MARTIN LUTHER KING, JR. ST N SUITE 205 ST PETERSBURG, FL 33703			Mailing Address 6161 DR. MARTIN LUTHER KING, JR. ST N SUITE 205 ST PETERSBURG, FL 33703		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04302007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-3406363				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRANLET, DALE G DR. 6161 DR. MARTIN LUTHER KING, JR. ST N SUITE 205 ST PETERSBURG, FL 33703			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, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES BRAMLET, DALE G MD 6161 DR. MARTIN LUTHER KING, JR. ST N ST PETERSBURG, FL 33703 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO, D BRAMLET, DALE G. MD 6161 DR. MARTIN LUTHER KING JR ST NO. ST. PETERSBURG, FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES YAMADA, KENGO 6161 DR. MARTIN LUTHER KING JR. ST NO ST. PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP MULLER, MARK 6161 DR. MARTIN LUTHER KING JR ST NO ST. PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	S, CFO KIMMITT JR, L. ALLEN 6161 DR. MARTIN LUTHER KING JR ST NO. ST. PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.					
SIGNATURE:  L. ALLEN KIMMITT, JR. CFO 5/1/07 (727) 521-9200					