

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M31863

**Entity Name:** ALL AMERICAN MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

4350 OAKES ROAD  
UNIT 507  
DAVIE, FL 33314

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC5307126449**

**Current Mailing Address:**

3325 BARTLETT BLVD  
ORLANDO, FL 32811

**FEI Number: 59-2686756**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            VP, CFO  
Name            RUSSELL, JOSEPH P  
Address        3325 BARTLETT BLVD  
City-State-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/CFO**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date