

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000049047

**Entity Name:** ADVANCED MEDICAL STRIPS INC. CO

**Current Principal Place of Business:**

8125 NW 67TH STREET  
MIAMI, FL 33166

**Current Mailing Address:**

8125 NW 67TH STREET  
MIAMI, FL 33166 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZARCO EINHORN SALKOWSKI & BRITO, P.A.  
100 S.E. 2ND STREET  
SUITE 2700  
MIAMI, FL 33131 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	P	Title	VP
Name	SAIEH, JOHANNE	Name	TAESOO, KIM
Address	8125 NW 67TH STREET	Address	8125 NW 67TH STREET
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

*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:** JOHANNE SAIEH

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date