

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 546607

1. Entity Name
AMERICAN MEDICAL ELECTRONICS, INC.



Principal Place of Business
1825 W. 76TH ST
HIALEAH, FL 33021 US

Mailing Address
1825 W. 76TH ST.
HIALEAH, FL 33014 US

FILED
Apr 14, 2005 08:00 AM
Secretary of State



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04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1760384
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANAVAN, HAROLD BRUCE
1825 W 76TH ST.
HIALEAH, FL 33014

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IN THIS SPACE**

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: Harold Bruce Canavan 4-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CANAVAN, HAROLD BRUCE
STREET ADDRESS	1825 W. 76TH ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	T
NAME	CANAVAN, MARY A
STREET ADDRESS	6841 SW 29TH STREET
CITY-ST-ZIP	MIRAMAR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80023-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: HAROLD B CANAVAN 4-11-05 305-820-0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #