


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 546607 1. Entity Name AMERICAN MEDICAL ELECTRONICS, INC.	
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Principal Place of Business 1825 W. 76TH ST. HIALEAH FL 33021 US	Mailing Address 1825 W. 76TH ST. HIALEAH FL 33014 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 59-1760384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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7. Name and Address of New Registered Agent 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 Harold Bruce Canavan (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANAVAN, HAROLD BRUCE 1825 W. 76TH ST. HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000462871 03/21/06-80053-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANAVAN, MARY A 6841 SW 29TH STREET MIRAMAR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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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"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: Harold B Canavan Harold B Canavan 3-10-06 305-556-436