

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686675

FILED
Apr 16, 2009
Secretary of State

Entity Name: AMERICAN MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

2106 DREW STREET, #103
CLEARWATER, FL 33765 US

New Principal Place of Business:

2106 DREW STREET
SUITE 103
CLEARWATER, FL 33765 US

Current Mailing Address:

2106 DREW STREET, #103
CLEARWATER, FL 33765 US

New Mailing Address:

2106 DREW STREET
SUITE 103
CLEARWATER, FL 33765 US

FEI Number: 59-2024406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, DEZRA
2106 DREW STREET, SUITE 103
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

OWENS, DEZRA
2106 DREW STREET
SUITE 103
CLEARWATER, FL 33765 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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VASD () Delete
Name: RYGIEL, ROBIN L
Address: 2106 DREW ST - STE 103
City-St-Zip: CLEARWATER, FL 33765

Title: DPAT () Delete
Name: DRESDEN, GARY A
Address: 2106 DREW ST, STE #103
City-St-Zip: CLEARWATER, FL 33765

Title: TD () Delete
Name: MILLER, MELINDA R
Address: 2106 DREW STREET, STE 103
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: OWENS, DEZRA
Address: 2106 DREW STREET SUITE 103
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPAT (X) Change () Addition
Name: DRESDEN, GARY A
Address: 2106 DREW ST, STE #103
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEZRA OWENS

S

04/16/2009

Electronic Signature of Signing Officer or Director

Date