## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F49674

Entity Name: AMI AMBULATORY CENTRES, INC.

FILED Jan 30, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
13737 NOE STE 100 DALLAS, T		5				
Current Mailing Address:			New Mail	New Mailing Address:		
13737 NOEL ROAD STE. 100 ATTN: DONNA JARRELL DALLAS, TX 75240			STE 100	13737 NOEL ROAD STE 100 DALLAS, TX 75240 US		
FEI Number:	95-3845259	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324					
The above in the State	named entity s e of Florida.	ubmits this statement for the pu	rpose of changing	its registered	office or registered agent, or both,	
SIGNATUR	RE:					
		c Signature of Registered Agen	t		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SD () LARSEN, CAITL 13737 NOEL RO DALLAS, TX 75	AD STE. 100	Title: Name: Address: City-St-Zip:	T ( SHERMAN, JI 13737 NOEL DALLAS, TX	ROAD	
Title: Name: Address: City-St-Zip:	T () SHERMAN, JEFI 13737 NOEL RO DALLAS, TX 75	AD STE. 100	Title: Name: Address: City-St-Zip:	S ( MACK, KRIST 13737 NOEL DALLAS, TX	ROAD	
Title: Name: Address: City-St-Zip:	AS () MACK, KRISTIN, 13737 NOEL RO DALLAS, TX 75	AD STE. 100	Title: Name: Address: City-St-Zip:	FELDMAN, M 21644 STATE		
Title: Name: Address: City-St-Zip:	FELDMAN, MÌTC	S CREEK RD STE 700	Title: Name: Address: City-St-Zip:	D ( MACK, KRIST 13737 NOEL DALLAS, TX	ROAD	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P ( FELDMAN, M 21644 STATE BOCA RATON	ROAD 7	

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: KRISTINA MACK S 01/30/2009