2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 AN Secretary of State

ANNUAL REPURI				7	Secretary of Sta			
DOCUMENT # F57114 1. Entity Name					٨.	seci eta	y or Su	
AMERIM	ED HEALTHCARE; INC.	•						
Principal Plan	ce of Business	Mailton Address		┨.				
	HIGAN STREET	Mailing Address 2454 E MICHIGAN STREET						
ORLAMDO, I	FL 32806	ORLANDO, FL 32806						
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				4. FEI Number 59-213			Applied For Not Applicable	
				5. Certificate	of Status Desired		5 Additional aquired	
	6. Name and Address of Current Re		119 1101	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	111111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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BATES, TIMOTHY O. 7726 WHITE ASH STREET				DO	NOT W	KILE		
ORLANDO	D, FL 32819			IN T	THIS SP	ACE		
				tarabili.				
8. The above the obliga	e named entity submits this statement for the tions of registered agent	ne purpose of changing its registe	red office or register	ed agent, or bot	h, in the State of Flo	orida. I am familiar	with, and accept	
SIGNATURE.								
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registe	red Agent signature required	when reinstating)		DATE		
E11	.E NOW!!! FEE IS \$150.00	9. Election Campaign Fina	ancing \$5	00 May Be	11000			
After M	ay 1, 2008 Fee will be \$550.00			ed to Fees	000000 04/10/08	0873647 -80088-01:	3 150.00	
10.	OFFICERS AND DI	RECTORS		11 11 1	ETHNEST A	1 4		
TITLE	PATES	•						
NAME STREET ADDRESS	BATES, TIMOTHY OWEN 7726 WHITE ASH ST.					Made 27	i din i di dan merenanan di dan merenana	
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12 Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.4-08 407856850

Daytime Phone #