

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57114

FILED
Apr 16, 2009
Secretary of State

Entity Name: AMERIMED HEALTHCARE, INC.

Current Principal Place of Business:

2454 E MICHIGAN STREET
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

2454 E MICHIGAN STREET
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-2135595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, TIMOTHY O.
7726 WHITE ASH STREET
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BATES, TIMOTHY OWEN
Address: 7726 WHITE ASH ST.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BATES, TIMOTHY OWEN
Address: 7726 WHITE ASH ST.
City-St-Zip: ORLANDO, FL

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: TIMOTHY O BATES

PSTD

04/16/2009

Electronic Signature of Signing Officer or Director

Date