



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F98692 1. Entity Name ALLIED MEDICAL SERVICES GROUP, INC.					
Principal Place of Business 12007 N BRIGHTWATER BLVD TAMPA, FL 33617			Mailing Address 12007 N BRIGHTWATER BLVD TAMPA, FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04082006 Chg-P CR2E034 (11/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2240207				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLISON, MARJORIE L 12007 N BRIGHTWATER BLVD TEMPLE TERRACE, FL 33617				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ELLISON, MARJORIE L 12007 N BRIGHTWATER BLVD TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLISON, MARJORIE L 12007 N BRIGHTWATER BLVD TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete			
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12. I hereby 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: <i>Marjorie L. Ellison</i> MARJORIE L. ELLISON 04-14-06 (813) 924-2577 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					