# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2005**
**Secretary of State**

DOCUMENT# G45101

**Entity Name:** AMERICAN MEDICAL SUPPLIES AND EQUIPMENT, INC.

**Current Principal Place of Business:**

C/O VICTOR M. AMAT, JR.
8361 NW 36TH ST
MIAMI, FL 33166 US

**New Principal Place of Business:**

C/O VICTOR M. AMAT, III
8361 NW 36TH ST
MIAMI, FL 33166 US

**Current Mailing Address:**

10420 SW 120 STREET
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number: 59-2295265** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMAT, VICTOR M III
10420 SW 120 STREET
MIAMI, FL 33176 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: PD ( ) Delete
Name: AMAT, VICTOR M JR.
Address: 8361 NW 36TH ST
City-St-Zip: MIAMI, FL 33166 US

Title: VST ( ) Delete
Name: AMAT, LUIS R SR.
Address: 7225 SW 127 COURT
City-St-Zip: MIAMI,, FL 33183 US

Title: VD ( ) Delete
Name: AMAT, VICTOR M III
Address: 10420 SW 120 STREET
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: AMAT, VICTOR M III
Address: 10420 SW 120 STREET
City-St-Zip: MIAMI, FL 33176 US

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

Title: PD (X) Change ( ) Addition
Name: AMAT, VICTOR M III
Address: 10420 SW 120 STREET
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICTOR AMAT III PD 04/18/2005

Electronic Signature of Signing Officer or Director — Date