## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G45101

FILED May 19, 2009 Secretary of State

Entity Name: AMERICAN MEDICAL SUPPLIES AND EQUIPMENT, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
C/O VICTO 3361 NW ( MIAMI, FL				
,	ailing Addres	s:	New Mailing Addres	s:
0420 SW /IIAMI, FL	120 STREET 33176 US			
El Number	: 59-2295265	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired()
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	TOR M III 120 STREET 33176 US			
, . =				
he above	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above	e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	e of Florida. RE:	ubmits this statement for the place is statement for the place is Signature of Registered Agr		ed office or registered agent, or both,  Date
The above on the State	e of Florida. ´ RE: Electron			
The above the State SIGNATUR	e of Florida. ´ RE: Electron	ic Signature of Registered Ago	ent	
The above the State of the Stat	e of Florida.  RE: Electron  mpaign Financing  S AND DIRECT	ic Signature of Registered Ago Trust Fund Contribution ( ).  TORS:  Delete M III STREET	ent	Date
The above the State SIGNATUR	e of Florida.  RE: Electron  mpaign Financing  S AND DIRECT  PD ()  AMAT, VICTOR 10420 SW 120  MIAMI, FL 3317	ic Signature of Registered Agr Trust Fund Contribution ( ).  FORS:  Delete M III STREET 76 US  Delete SR. OURT	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: VICTOR AMAT III PD 05/19/2009