

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G45101

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VICTOR AMAT III

PD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date