

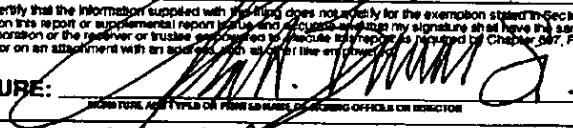
AMENDED

03-03-2003 90950 049 ****61.25

FILED H71795
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 11 PM 12:40

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71795		
1. Entity Name AM-MED, INC.		
Principal Place of Business 6101 CENTRL AVE. ST. PETE, FL 33710 US		Mailing Address 6101 CENTRL AVE. ST. PETE, FL 33710 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 59-2604838		Applied For Not Applicable
5. Certificate of Status Desired ☐ = \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BROWN, THOMAS W. 6101 CENTRL AVE. ST. PETE, FL 33710		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 		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, JAMES H. 8200 E. BAY DR. CLEARWATER, FL ☒ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, THOMAS W. 6101 CENTRL AVE. ST. PETE, FL 33710 ☐ Delete	STD SKRINICH, DALE 6101 CENTRL AVE ST. PETE, FL 33710 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 appointed to receive the report as required by Chapter 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with respect to the information.		
SIGNATURE:  THOMAS W. BROWN, SR.		2/28/03 (727) 381-0906 Date Corporate Phone #

CR2034 (12/02)

3/11/03
aw