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)

90039801

DOCUMENT # H71795

1. Entity Name
AM-MED, INC.

Principal Place of Business	Mailing Address
6101 CENTRL AVE. ST. PETE, FL 33710 US	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

[X] CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
BROWN, THOMAS W. 6101 CENTRL AVE. ST. PETE, FL 33710	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 ______ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: STD NAME: BROWN, JAMES H. STREET ADDRESS: 6200 E. BAY DR. CITY-ST-ZIP: CLEARWATER, FL	[X] Delete	TITLE: STD NAME: Skrnich, Dale STREET ADDRESS: 6101 Central Ave CITY-ST-ZIP: St. Pete, FL 33710	☐ Change [X] Addition
TITLE: PD NAME: BROWN, THOMAS W. STREET ADDRESS: 6101 CENTRL AVE. CITY-ST-ZIP: ST. PETE, FL 33710	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 2/28/03 (727) 381-0906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tom W. Brown, SR.

3/11/03 aw