2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J32677

1. Entity Name
AMERICAN MED-CARE CENTERS, P.A.

Principal Place of Business	Mailing Address
3047 FOREST HILL BLVD 42 WEST PALM BEACH, FL 33406 US	3047 FOREST HILL BLVD. 42 WEST PALM BEACH, FL 33406 US

DO NOT WRITE IN THIS SPACE

01162006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2736902	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REIMER, BRIAN
3047 FOREST HILL BLVD.
SUITE 42
WEST PALM BEACH, FL 33406

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	REIMER, BRIAN
STREET ADDRESS	3047 FOREST HILL BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

（barcode）
01110111391528
01/24/06-01044-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1/16/06 (561) 967 6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #