

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32677

FILED
Feb 02, 2007
Secretary of State

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

Current Principal Place of Business:

3047 FOREST HILL BLVD
42
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

3047 FOREST HILL BLVD.
42
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 59-2736902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: REIMER, BRIAN,
Address: 3047 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: REIMER, BRIAN D PRES
Address: 3047 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the 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: DR BRIAN REIMER

PRES

02/02/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date