

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08807

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** A.H. MEDICAL MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1800 NO. FEDERAL HWY  
SUITE 104  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NO. FEDERAL HWY  
SUITE 104  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

**FEI Number:** 65-0035690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GURR, MARY ELLEN  
7124 NW 47TH LN  
COCONUT CREEK, FL 33073 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:** PD  
**Name:** SCHULTE, ROBERTA D.  
**Address:** 15935 W PRESTWICK PL  
**City-St-Zip:** MIAMI LAKES, FL

**Title:** STD  
**Name:** GURR, MARY ELLEN  
**Address:** 7124 NW 47TH LN  
**City-St-Zip:** COCONUT CREEK, FL 33073

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:** MARY ELLEN GURR

STD

01/06/2010

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

\_\_\_\_\_  
Date