





**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K91307</b>		
1. Entity Name AMERICAN MEDICAL SEMINARS, INC.		
Principal Place of Business C/O HYATT OF SARASOTA 1000 BLVD. OF THE ARTS SARASOTA, FL 34236	Mailing Address C/O HYATT OF SARASOTA 1000 BLVD. OF THE ARTS SARASOTA, FL 34236	 02082005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0146850 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WAGNER, E. JOHN II 200 S. ORANGE AVE. SARASOTA, FL 34236		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCT PIERCE, D. REECE 801 PENFIELD ST LONGBOAT KEY, FL 34228	 UG00000270774 03/21/05-80021-022 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS PIERCE, DAGMAR 801 PENFIELD ST LONGBOAT KEY, FL 34228	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  D. REECE PIERCE PRES 3/15/05 X 941-388-1766 _____ Date Daytime Phone #		