2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2008
Secretary of State

DOCUMENT# L14354

Entity Name: ADVANCED MEDICAL/MENTAL HEALTH OUTREACH SERVICES TEAM, INC.

Current Principal Place of Business:

1800 NE 26TH STREET
SUITE B
WILTON MANORS, FL 33305 US

New Principal Place of Business:

2012 VERNON PLACE SOUTH
SUITE 101
MELBOURNE, FL 32901 US

Current Mailing Address:

1800 NE 26TH STREET
SUITE B
WILTON MANORS, FL 33305 US

New Mailing Address:

2012 VERNON PLACE SOUTH
SUITE 101
MELBOURNE, FL 32901 US

FEI Number: 65-0140281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALPRIN, MICHAEL
2317 N E 17TH TERRACE
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

HALPRIN, MICHAEL
2012 VERNON PLACE SOUTH
SUITE 101
MELBOURNE, FL 32901 US

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: 02/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HALPRIN, MICHAEL,
Address: 2317 N E 17TH TERRACE
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HALPRIN, MICHAEL,
Address: 2012 VERNON PLACE SOUTH, SUITE 101
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL HALPRIN PTSD 02/16/2008
Electronic Signature of Signing Officer or Director Date