

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L66469

**FILED**  
**Jul 20, 2012**  
**Secretary of State**

**Entity Name:** ALL-MED SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

3700 COMMERCE PARKWAY  
MIRAMAR, FL 33025

**New Principal Place of Business:**

3700 COMMERCE PARKWAY  
SUITE A  
MIRAMAR, FL 33025

**Current Mailing Address:**

3700 COMMERCE PARKWAY  
MIRAMAR, FL 33025

**New Mailing Address:**

3700 COMMERCE PARKWAY  
SUITE A  
MIRAMAR, FL 33025

**FEI Number:** 65-0198107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WILL CUTTS, H. DAVID  
Address: 3700 COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

Title: VPTD  
Name: SJOBECK, JEFFREY J  
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: D  
Name: COGGINS, EILEEN M ESQ.  
Address: 8601 N. SCOTTSDALE ROAD, SUITE 335  
City-St-Zip: SCOTTSDALE, AZ 85253

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: JEFFREY J. SJOBECK

VPTD

07/20/2012

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

\_\_\_\_\_  
Date