

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M31863

FILED  
Mar 18, 2011  
Secretary of State

Entity Name: ALL AMERICAN MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

4350 N.W. 19TH AVE.  
SUITE I  
POMPAN BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4350 N.W. 19TH AVE.  
SUITE I  
POMPAN BEACH, FL 33064

**New Mailing Address:**

3325 BARTLETT BLVD  
ORLANDO, FL 32811

FEI Number: 59-2686756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WENTZKA, PATRICIA  
1959 CLYDESDALE ROAD  
LOXAHATCHEE, FL 33470 US

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

LOFTIS, MIKE  
4350 N.W 19TH AVE  
SUITE I  
PMPANO BEACH, FL 33064 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: MIKE LOFTIS

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STEPHEN P GRIGGS  
Address: 3325 BARTLETT BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: VP  
Name: JOSEPH P RUSSELL  
Address: 3325 BARTLETT BLVD  
City-St-Zip: ORLANDO, FL 32811

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: JOSEPH P RUSSELL

VP

03/18/2011

Electronic Signature of Signing Officer or Director

Date