

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
95 MAY -1 AM 9:55
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, GEORGIA
TALLAHASSEE, FLORIDA

DOCUMENT # M51514 (1)

1. Corporation Name

AMERICAN MEDICAL INNOVATIONS, INC.

Principal Place of Business

1928 N.E. 154TH STREET, #117
NORTH MIAMI BEACH FL 33162

Mailing Address

1928 N.E. 154TH STREET, #117
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1987

3a. Date of Last Report

05/10/1994

4. FEI Number

59-2815603

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.02?

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SHORT, PAUL R.
7522 N. 40TH ST.
SUITE 8
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name JAMES G. WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable)
1928 NE 154 ST #117
83
84 City N. M. B. FL 85 Zip Code 33162

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JAMES G. WILLIAMS

5-1-95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, JAMES G.
STREET ADDRESS	1928 NE 154TH ST #117
CITY - ST - ZIP	N. MIAMI BEACH FL 33162
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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

JAMES G. WILLIAMS 4-18-95 325947 7077

(Signature and typed or printed name of signing officer or director)

(Date)

(Signature From §)